

**From:** Charlotte E. Hotchkiss  
**Sent:** Tuesday, November 19, 2019 7:53 AM  
**To:** Tess House; Bridget Marie Barker; cmali  
**Subject:** RE: Introductions

Hi!

It's good to virtually meet you! I would love it if you could learn things that would help us keep our animals healthy.

I do have MHC data on some of the animals (and expect to get more in the future) and am interested in looking for associations, but unfortunately it never seems to get to the top of my priority list. But I am ever hopeful.

Charlotte

Charlotte E. Hotchkiss, DVM, MS, PhD, DACLAM  
Washington National Primate Research Center  
University of Washington  
Box 357330  
Seattle, WA 98195-7330  
Office phone: 206-685-2881  
Cell phone: 206-496-4471  
Pager: 206-540-6615  
[chotchki@uw.edu](mailto:chotchki@uw.edu)  
Work hours 8-5 M-F

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**From:** Tess House <th81@uw.edu>  
**Sent:** Monday, November 18, 2019 1:48 PM  
**To:** Bridget Marie Barker <Bridget.Barker@nau.edu>; cmali <cmali@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Subject:** Introductions

Hi everyone-

I just wanted to make virtual introductions after Bridget toured the Arizona site today. Bridget is an assistant professor and associate director of the ABSL3 at NAU in Flagstaff, Az and studies valley fever. Charlotte is our head veterinarian in Seattle and oversees the breeding and genetics of the colony.

Charlotte-I met Bridget at the Cocci Study Group meeting in California this year and set her up with Melinda for occ health clearance (which she has for a year) for a tour here. Bridget and her graduate student are interested in potential collaborations with us and the possibility of taking soil samples and trapping rodents at ABC to further characterize cocci here. She is also interested in the MHC typing and evaluating if there is a genetic susceptibility component in the colony. I have already provided Bridget with the contact I have through Gail with the Community so she can reach out to them regarding how to obtain permissions for soil samples and trapping.

Bridget-thank you so much for visiting us today! We hope you enjoyed the visit as much as we did.

Tess and Carolyn

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

**From:** Charlotte E. Hotchkiss  
**Sent:** Thursday, July 25, 2019 7:25 PM  
**To:** Tess House  
**Subject:** RE: Jim Murphy mentioned you in "NSAB Jan 2019 Breeding and VS - AZ specific portion".

I incorporated the Arizona stuff into the new breeding colony section.

Thanks,  
Charlotte

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Thursday, July 25, 2019 8:48 AM  
**To:** Charlotte E. Hotchkiss <chotcki@uw.edu>  
**Subject:** FW: Jim Murphy mentioned you in "NSAB Jan 2019 Breeding and VS - AZ specific portion".

Hi Charlotte,

I've updated the valley fever numbers, just focusing on the total that are currently titer positive (22; currently we have 35 on treatment since we go 1 year past a negative titer). Is there anything else you'd like me to include for the AZ section?

Tess

---

**From:** Jim Murphy <murphyjm@uw.edu>  
**Sent:** Wednesday, July 24, 2019 2:29 PM  
**To:** Tess House <th81@uw.edu>  
**Subject:** Jim Murphy mentioned you in "NSAB Jan 2019 Breeding and VS - AZ specific portion".

SharePoint



**Jim Murphy mentioned you**



NSAB Jan 2019 Breeding and VS - AZ specific portion.docx



**Jim Murphy** mentioned you

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**From:** Sally Thompson-Iritani <sti2@uw.edu>  
**Sent:** Saturday, October 12, 2019 5:40 PM  
**To:** Tess House; cjmead2; aw656; cmali  
**Subject:** RE: New valley fever cases in 131

Thank you Tess - that is a bummer.

Sally

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Friday, October 11, 2019 7:39 AM  
**To:** cjmead2 <cjmead2@uw.edu>; aw656 <aw656@uw.edu>; cmali <cmali@uw.edu>  
**Cc:** Sally Thompson-Iritani <sti2@uw.edu>; Charlotte E. Hotchkiss <chotchkki@uw.edu>  
**Subject:** New valley fever cases in 131

Good morning-

We have two new cases of valley fever in 131. One, unfortunately, is the breeder male A10229 and the other is L09006. She was a past VF case that was closed in 2018 (most recent prior positive titer was March 2017). The male has not been positive in the past, this is his first positive titer. They both have cases opened and treatment added.

There is a running list of VF cases in Teams in the VF group that will be updated as titer results roll in.  
The document is Valley Fever case list. The top of the document is the list of cases when I was preparing the NSAB update and the more recent additions/subtractions of cases are listed below that.

Dr. H

**From:** C. Malinowski <cmali@uw.edu>  
**Sent:** Friday, December 20, 2019 12:53 PM  
**To:** Charlotte E. Hotchkiss; Sally Thompson-Iritani  
**Subject:** Re: NSAB for AZ

**Categories:** Task listed

13 new VF cases for 2019 (29.5% of all VF cases, 5% of all A building animals, 2.7% of all animals)

44 total cases (17% of A building, 9% of all animals)

- 11 with negative titers that are still under TX (25% of all VF cases)
- 33 with active titers (75% of all VF cases)

Let me know if you need more info!

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
Ph: 206.616.0501



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**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Sent:** Friday, December 20, 2019 12:51 PM  
**To:** cmali <cmali@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>  
**Cc:** Jim Murphy <murphyjm@uw.edu>  
**Subject:** RE: NSAB for AZ

We have both a Word document to give the NSAB people ahead of time as well as a Powerpoint to show when they're here. They say essentially the same thing. We won't have much time at NSAB, so I haven't been putting in much detail, but we should mention VF in both.

In contrast, we'll have to do the progress report (RPPR) in January, and there we will want more detail. We will definitely want to refer there to the information that Tess sent yesterday about how this year has been particularly bad for VF to put our numbers in context. But I haven't thought that far ahead yet.

Thanks,  
Charlotte

---

**From:** cmali <cmali@uw.edu>  
**Sent:** Friday, December 20, 2019 10:45 AM  
**To:** Sally Thompson-Iritani <sti2@uw.edu>; Charlotte E. Hotchkiss <chotchkki@uw.edu>  
**Cc:** Jim Murphy <murphyjm@uw.edu>  
**Subject:** NSAB for AZ

Hi Sally and Charlotte,

Tess mentioned that you want an update on VF cases for AZ for the NSAB as well as updates on the new building.

Would you like this in powerpoint form or does it need to be written up ahead of time (similar to what Charlotte sent Him and I for NSAB updates)?

Please let me know what you expect/want and I will get it done!

Best,  
Carolyn

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**From:** Charlotte E. Hotchkiss  
**Sent:** Friday, December 20, 2019 1:00 PM  
**To:** C. Malinowski; Sally Thompson-Iritani  
**Subject:** RE: NSAB for AZ

Thanks!  
Charlotte

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**From:** C. Malinowski <cmali@uw.edu>  
**Sent:** Friday, December 20, 2019 12:53 PM  
**To:** Charlotte E. Hotchkiss <chotcki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>  
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**To:** cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>; Sally Thompson-Iritani <[sti2@uw.edu](mailto:sti2@uw.edu)>  
**Cc:** Jim Murphy <[murphyjim@uw.edu](mailto:murphyjim@uw.edu)>  
**Subject:** RE: NSAB for AZ

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**Cc:** Jim Murphy <[murphyjim@uw.edu](mailto:murphyjim@uw.edu)>  
**Subject:** NSAB for AZ

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**From:** Charlotte E. Hotchkiss  
**Sent:** Friday, July 12, 2019 3:28 PM  
**To:** Tess House  
**Subject:** RE: Pre-shipment exams/bloodwork

Thanks!  
Hope you have a quiet weekend!  
Charlotte

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Friday, July 12, 2019 3:23 PM  
**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Subject:** Pre-shipment exams/bloodwork

Hi Charlotte,

Feel like I'm going a little cross-eyed but I've finished looking at all of the blood works. I manually entered the chemistries that didn't enter-some of these will have two rows for the comments section and I'm not sure why that happened.

Nothing too exciting on the bloods (nearly everyone had a high globulin flagged but I know you'll check cocci titers up there) but one of our males in 162 (Z13288) had a monocytosis and a lymphocytosis and has had these a few years ago. I'd like to recheck that when he arrives up there and also get a differential/microscopic review of the blood as well.

Our breeding male (from the old 112 group) that is a past Campy positive has been having fluid feces since we separated him from his two girlfriends on Tuesday for his exam. I started GI support asap on him but it's still pretty fluid so I started him on azithromycin today and gave him a baytril injection. We'll keep an eye on him.

Tess

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

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**From:** Tess House <th81@uw.edu>  
**Sent:** Tuesday, May 7, 2019 5:09 PM  
**To:** Keith Vogel; Dean Jeffery; cmali; Kathryn A. Guerriero; Jason D. Laramore  
**Subject:** Re: Stool Softeners

He has normal stools. He was a valley fever case but he just hit one year of negative titer status so we are ending his fluconazole today.

Tess

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Keith Vogel <vogelk@uw.edu>  
**Date:** 5/7/19 4:27 PM (GMT-07:00)  
**To:** Dean Jeffery <daj12@uw.edu>, cmali <cmali@uw.edu>, "Kathryn A. Guerriero" <kag18@uw.edu>, "Jason D. Laramore" <jasonl73@uw.edu>  
**Cc:** "Charlotte E. Hotchkiss" <chotchki@uw.edu>, Tess House <th81@uw.edu>  
**Subject:** RE: Stool Softeners

Is he constipated, normal stools or firm hard stools? I don't remember if you said.  
Keith

---

**From:** Dean Jeffery <daj12@uw.edu>  
**Sent:** Tuesday, May 7, 2019 4:15 PM  
**To:** cmali <cmali@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>  
**Cc:** Charlotte E. Hotchkiss <chotchki@uw.edu>; Tess House <th81@uw.edu>; Keith Vogel <vogelk@uw.edu>  
**Subject:** RE: Stool Softeners

Lactulose would be another potential cathartic to add to your list. It can be titrated to effect. But don't start too high a dose, or the subsequent diarrhea may just make him strain worse! I have not used lactulose in monkeys but would just take a human dose and scale it down.

DJ

---

**From:** cmali <cmali@uw.edu>  
**Sent:** Tuesday, May 7, 2019 4:01 PM  
**To:** Dean Jeffery <daj12@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>

Cc: Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>; Tess House <[th81@uw.edu](mailto:th81@uw.edu)>

**Subject:** Stool Softeners

Hi Seattle Team!

We have a young male down here in AZ (~4 years old), who has been having recurrent rectal prolapses. We've already placed a purse string on two separate occasions and have been considering putting him on stool softeners (he has not had any diarrhea) but really don't have any experience with this so we thought we would pick your brilliant minds!

We're considering the following:

1. colace
2. metamucil
3. prunes
4. pumpkin

We may need to do a maintenance item (maybe pumpkin or prunes) and then bump it up (colace?) if we have another prolapse/purse string, with consideration of a colopexy if this becomes (more) recurrent.

We're happy to hear any thoughts/experiences you have!!

Best,

The AZ Team

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**

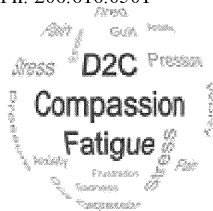
Senior Veterinarian

Washington National Primate Research Center/University of Washington

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**From:** Charlotte E. Hotchkiss  
**Sent:** Wednesday, June 12, 2019 3:20 PM  
**To:** Jesse C. Day  
**Subject:** RE: Testing needed for AZ-Seattle Moves

We've talked about shortening the DI time for Arizona, but we haven't done it. If you think it will be necessary, we can talk to Sally.  
Charlotte

---

**From:** Jesse C. Day <jessed10@uw.edu>  
**Sent:** Wednesday, June 12, 2019 2:43 PM  
**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Subject:** RE: Testing needed for AZ-Seattle Moves

So about these – do these have a shorter quarantine since they're coming from our facility, or is it still the full 3 TB tests? As I'm screening for Megan, we're looking at needing some of the males from Arizona. Do we have any wiggle room to bring a few more if I can find suitable animals that are already typed?

Thanks,

Jesse Day  
Administrator of Program Operations, DPR  
Washington National Primate Research Center  
(206)616-0154  
[jessed10@uw.edu](mailto:jessed10@uw.edu)

*The WaNPRC is supported by grant P51 OD010425 from the NIH Office of Research Infrastructure Programs.  
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**From:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>  
**Sent:** Wednesday, June 12, 2019 1:02 PM  
**To:** cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>  
**Cc:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; cjmead2 <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>; Jesse C. Day <[jessed10@uw.edu](mailto:jessed10@uw.edu)>  
**Subject:** RE: Testing needed for AZ-Seattle Moves

I think we want to do the cocci and virology up here after shipment, in case shipping stress causes reactivation of anything infectious. So you don't need to do those.

When were their last CBC/chems? If they were recent, I don't think we need them, but it would be good to get new ones if it's been more than 6 months.

Thanks,  
Charlotte

---

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**Sent:** Wednesday, June 12, 2019 12:45 PM

**To:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>  
**Cc:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; cjmead2 <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>  
**Subject:** Testing needed for AZ-Seattle Moves

Hi Charlotte,

Caroline asked what samples you would like for the animals that we will be shipping to you (other than hair samples).

- Cocci titers?
- CBC/CHM?
- Virology?

Please let us know so we can plan ahead.

Thanks,  
Carolyn

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**

Senior Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
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**From:** Jesse C. Day <jessed10@uw.edu>  
**Sent:** Wednesday, June 12, 2019 2:43 PM  
**To:** Charlotte E. Hotchkiss  
**Subject:** RE: Testing needed for AZ-Seattle Moves

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Jesse Day  
Administrator of Program Operations, DPR  
Washington National Primate Research Center  
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[jessed10@uw.edu](mailto:jessed10@uw.edu)

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**From:** Jesse C. Day <jessed10@uw.edu>  
**Sent:** Wednesday, June 12, 2019 1:05 PM  
**To:** Charlotte E. Hotchkiss; cmali  
**Subject:** RE: Testing needed for AZ-Seattle Moves

Regulation wise I will add that we need a TB test within 30 days and a physical exam within 10 of shipment. I think from what Ben told me we should be set for the week of 7/15, with the specific date TBD.

Thanks,

Jesse Day  
Administrator of Program Operations, DPR  
Washington National Primate Research Center  
(206)616-0154  
[jessed10@uw.edu](mailto:jessed10@uw.edu)

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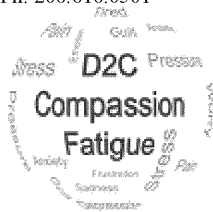
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Ph: 206.616.0501



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**From:** Charlotte E. Hotchkiss  
**Sent:** Wednesday, June 12, 2019 1:02 PM  
**To:** cmali  
**Subject:** RE: Testing needed for AZ-Seattle Moves

I think we want to do the cocci and virology up here after shipment, in case shipping stress causes reactivation of anything infectious. So you don't need to do those.

When were their last CBC/chems? If they were recent, I don't think we need them, but it would be good to get new ones if it's been more than 6 months.

Thanks,  
Charlotte

---

**From:** cmali <cmali@uw.edu>  
**Sent:** Wednesday, June 12, 2019 12:45 PM  
**To:** Charlotte E. Hotchkiss <chotcki@uw.edu>  
**Cc:** Tess House <th81@uw.edu>; cjmead2 <cjmead2@uw.edu>  
**Subject:** Testing needed for AZ-Seattle Moves

Hi Charlotte,

Caroline asked what samples you would like for the animals that we will be shipping to you (other than hair samples).

- Cocci titers?
- CBC/CHM?
- Virology?

Please let us know so we can plan ahead.

Thanks,  
Carolyn

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**

Senior Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
Ph: 206.616.0501



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**From:** Jesse C. Day <jessed10@uw.edu>  
**Sent:** Wednesday, June 12, 2019 12:56 PM  
**To:** Charlotte E. Hotchkiss  
**Subject:** RE: Testing needed for AZ-Seattle Moves

It's been a little while but I think that's right. It's just as easy to test when they're in quarantine.

Jesse Day  
Administrator of Program Operations, DPR  
Washington National Primate Research Center  
(206)616-0154  
[jessed10@uw.edu](mailto:jessed10@uw.edu)

*The WaNPRC is supported by grant P51 OD010425 from the NIH Office of Research Infrastructure Programs.  
Please help us continue to support your research by citing our grant number in publications.*

---

**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Sent:** Wednesday, June 12, 2019 12:52 PM  
**To:** Jesse C. Day <jessed10@uw.edu>  
**Subject:** FW: Testing needed for AZ-Seattle Moves

My brain has shut down. Do you remember what we do for Arizona animals? I was thinking that we do the cocci titers after they've been up here a couple of weeks, and that's why we set up a Protatek account for up here. Same sort of thing with virus – that we test them up here. Do you remember anything?

Charlotte

---

**From:** cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>  
**Sent:** Wednesday, June 12, 2019 12:45 PM  
**To:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>  
**Cc:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; cjmead2 <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>  
**Subject:** Testing needed for AZ-Seattle Moves

Hi Charlotte,

Caroline asked what samples you would like for the animals that we will be shipping to you (other than hair samples).

- Cocci titers?
- CBC/CHM?
- Virology?

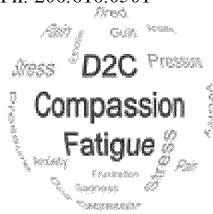
Please let us know so we can plan ahead.

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Senior Veterinarian  
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**From:** Jesse C. Day <jessed10@uw.edu>  
**Sent:** Thursday, June 13, 2019 10:16 AM  
**To:** Charlotte E. Hotchkiss  
**Subject:** RE: Testing needed for AZ-Seattle Moves

**Categories:** Task listed

Sally doesn't have an issue with this, but you should probably discuss at the next vet meeting. I may want to add a few already typed animals to this shipment depending on what I hear from Betsy about the timeline of when we can get results on those who've already had samples sent in.

Jesse Day  
Administrator of Program Operations, DPR  
Washington National Primate Research Center  
(206)616-0154  
[jessed10@uw.edu](mailto:jessed10@uw.edu)

*The WaNPRC is supported by grant P51 OD010425 from the NIH Office of Research Infrastructure Programs. Please help us continue to support your research by citing our grant number in publications.*

---

**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Sent:** Wednesday, June 12, 2019 3:20 PM  
**To:** Jesse C. Day <jessed10@uw.edu>  
**Subject:** RE: Testing needed for AZ-Seattle Moves

We've talked about shortening the DI time for Arizona, but we haven't done it. If you think it will be necessary, we can talk to Sally.  
Charlotte

---

**From:** Jesse C. Day <[jessed10@uw.edu](mailto:jessed10@uw.edu)>  
**Sent:** Wednesday, June 12, 2019 2:43 PM  
**To:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>  
**Subject:** RE: Testing needed for AZ-Seattle Moves

So about these – do these have a shorter quarantine since they're coming from our facility, or is it still the full 3 TB tests? As I'm screening for Megan, we're looking at needing some of the males from Arizona. Do we have any wiggle room to bring a few more if I can find suitable animals that are already typed?

Thanks,

Jesse Day  
Administrator of Program Operations, DPR  
Washington National Primate Research Center  
(206)616-0154  
[jessed10@uw.edu](mailto:jessed10@uw.edu)

*The WaNPRC is supported by grant P51 OD010425 from the NIH Office of Research Infrastructure Programs.  
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**From:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>  
**Sent:** Wednesday, June 12, 2019 1:02 PM  
**To:** cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>  
**Cc:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; cjmead2 <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>; Jesse C. Day <[jessed10@uw.edu](mailto:jessed10@uw.edu)>  
**Subject:** RE: Testing needed for AZ-Seattle Moves

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**Sent:** Wednesday, June 12, 2019 12:45 PM  
**To:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>  
**Cc:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; cjmead2 <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>  
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**Carolyn Malinowski, MS, DVM, CMAR, CPIA**  
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**From:** Kathryn A. Guerriero <kag18@uw.edu>  
**Sent:** Thursday, February 7, 2019 11:47 AM  
**To:** Charlotte E. Hotchkiss; Dean Jeffery; Keith Vogel; Jason D. Laramore  
**Subject:** RE: Thoughts on Coccidioidomycosis Case

My 2 cents: if she sounds fine and no clinical signs, radiograph probably won't give you that much more useful information, however the curious George in me says to go for radiographs (although I would wait for the planned sedation for TB testing since it isn't urgent – no need to sedate her an extra time).

Kate

---

**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Sent:** Thursday, February 7, 2019 8:47 AM  
**To:** Dean Jeffery <daj12@uw.edu>; Keith Vogel <vogelk@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>  
**Cc:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>  
**Subject:** RE: Thoughts on Coccidioidomycosis Case

I don't recall her ever showing clinical signs of Valley Fever, so my plan with her was just to keep treating until we could get the titer to go negative. (I'm also not great at interpreting chest rads.) But I will defer to the Arizona vets because they have a lot more experience with cocci.  
Charlotte

---

**From:** Dean Jeffery <daj12@uw.edu>  
**Sent:** Wednesday, February 6, 2019 5:36 PM  
**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>; Keith Vogel <vogelk@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>  
**Cc:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>  
**Subject:** Thoughts on Coccidioidomycosis Case

Hi Clinicians,

This can be discussed at our next clinical rounds, but M10123 (coccidioidomycosis) had a semi-annual exam yesterday. No abnormalities noted but a mild decrease in weight (0.5kg over 1 week, so likely mostly due to box weight vs fasted) and BCS (I called her a 2/5, so this could be totally just subjective). Anyhow, she has a mild eosinophilia (0.92, down from 2.71 in Aug/18) and I was thinking this could be related to ongoing coccidioidomycoses. Our dose is currently 100mg fluconazole which should be high enough based on literature I saw. So I'm wondering if I should bother with thoracic rads in an animal with normal auscultation and no clinical signs, or just repeat bloodwork near the end of Mar to see if we should keep the fluconazole going beyond that point. If people have opinions, we can talk at clinical rounds but I wonder if any of you have seen eosinophilia persist even after a case was considered cured?

Thanks,

DJ



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Thanks,

DJ

**From:** Tess House <th81@uw.edu>  
**Sent:** Thursday, February 7, 2019 12:15 PM  
**To:** Kathryn A. Guerriero; Charlotte E. Hotchkiss; Dean Jeffery; Keith Vogel; Jason D. Laramore  
**Subject:** RE: Thoughts on Coccidioidomycosis Case

Catching up on e-mail now-I agree with Kate that it usually doesn't provide much additional information, however, sometimes it's nice to have the baseline rads in the event of them later on progressing to clinical symptoms like coughing. If we have a new valley fever case that doesn't have respiratory symptoms and normal auscultation when we pulled for the cocci titer we will usually do rads the next time we sedate an animal for a follow up.

Valley fever cases I dealt with in dogs I always tried to get chest and extremity rads on but getting rads on them was easier...unless they went full Chihuahua on me.

Tess

---

**From:** Kathryn A. Guerriero <kag18@uw.edu>  
**Sent:** Thursday, February 7, 2019 12:47 PM  
**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>; Dean Jeffery <daj12@uw.edu>; Keith Vogel <vogelk@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>  
**Cc:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>  
**Subject:** RE: Thoughts on Coccidioidomycosis Case

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**Cc:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>  
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**Cc:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>

**Subject:** Thoughts on Coccidioidomycosis Case

Hi Clinicians,

This can be discussed at our next clinical rounds, but M10123 (coccidioidomycosis) had a semi-annual exam yesterday. No abnormalities noted but a mild decrease in weight (0.5kg over 1 week, so likely mostly due to box weight vs fasted) and BCS (I called her a 2/5, so this could be totally just subjective). Anyhow, she has a mild eosinophilia (0.92, down from 2.71 in Aug/18) and I was thinking this could be related to ongoing coccidioidomycoses. Our dose is currently 100mg fluconazole which should be high enough based on literature I saw. So I'm wondering if I should bother with thoracic rads in an animal with normal auscultation and no clinical signs, or just repeat bloodwork near the end of Mar to see if we should keep the fluconazole going beyond that point. If people have opinions, we can talk at clinical rounds but I wonder if any of you have seen eosinophilia persist even after a case was considered cured?

Thanks,

DJ

**From:** Sally Thompson-Iritani <sti2@uw.edu>  
**Sent:** Tuesday, December 24, 2019 11:37 AM  
**To:** Tess House; Jim Murphy  
**Subject:** RE: Valley Fever case stats for ABC

Thank you so much Tess - this is incredibly helpful!

Sally

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Tuesday, December 24, 2019 10:42 AM  
**To:** Jim Murphy <murphyjm@uw.edu>  
**Cc:** cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>; Charlotte E. Hotchkiss <chotchk@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; cjmead2 <cjmead2@uw.edu>; Jessica Toscano <jesst393@uw.edu>  
**Subject:** Valley Fever case stats for ABC

Hi Jim,

I just checked our numbers for the NSAB update in January and they are as follows:

- 483 animals currently in Arizona
- 44 animals (9% of colony) on fluconazole treatment
- 33 of these animals (7% of colony) is currently cocci titer positive
- 12 new cases this fall during semi-annual exams. This trend follows what has been noted in human valley fever cases this year and the summer weather/monsoon pattern is suspected to play a role (very dry summer followed by a burst of intense rain at the end of the summer).

Hopefully these numbers will stay stable (except for a change in our census) by the time the NSAB meets.

Any questions, let me know!

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

**From:** Charlotte E. Hotchkiss  
**Sent:** Friday, October 4, 2019 4:20 PM  
**To:** Tess House  
**Subject:** RE: VF positives from July shipment

Weird! We thought there could be something genetic in susceptibility, but this is the first actual evidence.

Thanks,  
Charlott3e

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Friday, October 4, 2019 11:18 AM  
**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Subject:** VF positives from July shipment

Hi Charlotte-

I looked at the juvies that came up positive after being shipped. They all have dams that were VF cases. Not sure if this is coincidental or if there a genetic component to this and the stress suppressed the immune system when the kids otherwise would have been able to clear it on their own. Just wanted to mention that if you hadn't looked at the dams.

I'll add a note in teams in the VF on these three too later today.

Tess

**From:** Sally Thompson-Iritani <sti2@uw.edu>  
**Sent:** Tuesday, October 8, 2019 5:31 PM  
**To:** Tess House; cjmead2; Schante M. Hodges; smintner; Danielle Parks  
**Subject:** RE: VF updates from 231 Semi-annual exams

That's great news!

Sally

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Monday, October 7, 2019 11:27 AM  
**To:** cjmead2 <cjmead2@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>; Danielle Parks <dp546@uw.edu>  
**Cc:** cmali <cmali@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; Charlotte E. Hotchkiss <chotchkiss@uw.edu>  
**Subject:** VF updates from 231 Semi-annual exams

Hi Team,

I just checked the cocci titer results on 231 and we have three animals that have reached a full year of negative cocci titers! We will be discontinuing oral fluconazole on ID14, ET57, and S10185 effective tomorrow.

Thank you,  
Dr. H

**From:** Charlotte E. Hotchkiss  
**Sent:** Thursday, June 13, 2019 10:47 AM  
**To:** Tess House; cmali  
**Subject:** RE: Z14141

Thanks! I hope to start working on this tomorrow. I'm starting a meeting marathon at 11....  
Charlotte

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Thursday, June 13, 2019 9:03 AM  
**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>; cmali <cmali@uw.edu>  
**Subject:** RE: Z14141

Hi Charlotte,

Here's the PP from the presentation I gave in January for the BCMC meeting. It includes Bob and Audrey's data on the necropsies from AZ over the years.

Anything else you need, let me know! A GI bug hit my daughter so I'm home today while Adam studies for his COMLEX exam on Monday but I'm checking emails when she's distracted with toys.

Tess

---

**From:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>  
**Sent:** Thursday, June 13, 2019 7:58 AM  
**To:** cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>  
**Cc:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>  
**Subject:** RE: Z14141

Thanks!

Do you by any chance have:

Any data on the cocci vaccine study that Lee and Jeremy did?

Any old presentations by Lee or Cathy on Valley Fever? (Tess – did you do one? I have a memory of one, but I don't think you did it for a working group so I'm not sure what I'm remembering.) Lee did one in January 2016 – I hope that's long enough ago to get away with.

I promise to give credit where it is due, but I don't have time to reinvent the wheel.

Thanks!  
Charlotte

---

**From:** cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>  
**Sent:** Wednesday, June 12, 2019 1:55 PM  
**To:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>

**Subject: Z14141**

Hi Charlotte,

Please see the path report for Z14141 (attached).

Tess wrote a VERY thorough case history.

Bob may be able to provide you with some histo pics...

Let us know what we can help with!

Best,  
Carolyn

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**

Senior Veterinarian  
Washington National Primate Research Center/University of Washington  
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**From:** Robert D. Murnane <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)>

**Sent:** Thursday, May 9, 2019 12:19 PM

**To:** Audrey Baldessari; Keith Vogel; Charlotte E. Hotchkiss; Kathryn A. Guerriero; Dean Jeffery; Jason D. Laramore; Tess House; cmali

**Subject:** 19-041 and 042 (Z19068 and Z14141)

Hi all:

Please find attached final reports on the above 2 cases. Interestingly, Z14141 was cerebral Valley Fever, and both animals were from the same dam who also was diagnosed clinically with Valley Fever.

Please contact me with any questions, comments or concerns.



Cheers  
Bob

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---

**From:** Robert D. Murnane <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)>

**Sent:** Thursday, May 9, 2019 12:19 PM

**To:** Audrey Baldessari; Keith Vogel; Charlotte E. Hotchkiss; Kathryn A. Guerriero; Dean Jeffery; Jason D. Laramore; Tess House; cmali

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Bob

**From:** Robert D. Murnane <rmurnane@uw.edu>  
**Sent:** Thursday, June 13, 2019 12:00 PM  
**To:** Charlotte E. Hotchkiss  
**Subject:** RE: Z14141

**Categories:** Task listed

Will do!!

---

**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Sent:** Thursday, June 13, 2019 8:20 AM  
**To:** Robert D. Murnane <rmurnane@uw.edu>  
**Subject:** FW: Z14141

Bob –

We have to do Virtual Grand Rounds for the NPRC consortium next week, and we figure it's been long enough since we've done Valley Fever that we can do it again. Can you please take some pretty histo pictures of this animal?

The webinar is Thursday, so if I could get something early in the week it would be super.

Thanks!  
Charlotte

---

**From:** cmali <cmali@uw.edu>  
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**From:** Robert D. Murnane <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)>

**Sent:** Thursday, May 9, 2019 12:19 PM

**To:** Audrey Baldessari; Keith Vogel; Charlotte E. Hotchkiss; Kathryn A. Guerriero; Dean Jeffery; Jason D. Laramore; Tess House; cmali

**Subject:** 19-041 and 042 (Z19068 and Z14141)

Hi all:

Please find attached final reports on the above 2 cases. Interestingly, Z14141 was cerebral Valley Fever, and both animals were from the same dam who also was diagnosed clinically with Valley Fever.

Please contact me with any questions, comments or concerns.

Cheers

Bob

**From:** Audrey Baldessari <aeb4@uw.edu>  
**Sent:** Friday, March 29, 2019 2:37 PM  
**To:** Robert D. Murnane; Kathryn A. Guerriero  
**Subject:** RE: Z17139- seeking input

If you (AZ) still have an account with Antech, they probably do Combs and ANA.

Agree it sound infectious or immune mediated, or possibly drug reaction. In regards to the CCL concern, did you do a drawer test when sedated? And was this animal on quinolones ever (connective tissue / joint issues)?

audrey

---

**From:** Robert D. Murnane <rmurnane@uw.edu>  
**Sent:** Friday, March 29, 2019 2:30 PM  
**To:** Kathryn A. Guerriero <kag18@uw.edu>  
**Cc:** Jason D. Laramore <jasonl73@uw.edu>; cmali <cmali@uw.edu>; Charlotte E. Hotchkiss <chotchk@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; Dean Jeffery <daj12@uw.edu>; Keith Vogel <vogelk@uw.edu>; Tess House <th81@uw.edu>; Audrey Baldessari <aeb4@uw.edu>  
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Our lab does not do ANA or Coombs. The hospital that may be able to do that although of course it would not be verified for NHPs. I am looping in Audrey as she may have some comments.

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On Mar 29, 2019, at 12:56 PM, Kathryn A. Guerriero <[kag18@uw.edu](mailto:kag18@uw.edu)> wrote:

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**To:** Charlotte E. Hotchkiss <chotcki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; Dean Jeffery <daj12@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>; Keith Vogel <vogelk@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>; Robert D. Murnane <rmurnane@uw.edu>

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<image001.png>

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Also, consider empiric Doxycycline treatment?

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**To:** cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>; Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>; Sally Thompson-Iritani <[sti2@uw.edu](mailto:sti2@uw.edu)>; Dean Jeffery <[daj12@uw.edu](mailto:daj12@uw.edu)>; Kathryn A. Guerriero <[kag18@uw.edu](mailto:kag18@uw.edu)>; Keith Vogel <[vogelk@uw.edu](mailto:vogelk@uw.edu)>; Robert D. Murnane <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)>  
**Cc:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>  
**Subject:** RE: Z17139- seeking input

Could this be an immune-mediated polyarthropathy? If so, continue tapering steroid regimen for a longer period of time. Coomb's or ANA test? Just "thinking out loud" now. Keep me in the loop. Thanks for reaching out.

Thanks,  
Jason

---

**From:** cmali [<mailto:cmali@uw.edu>]  
**Sent:** Friday, March 29, 2019 12:35 PM  
**To:** Charlotte E. Hotchkiss <[chotchk@uw.edu](mailto:chotchk@uw.edu)>; Sally Thompson-Iritani <[sti2@uw.edu](mailto:sti2@uw.edu)>; Dean Jeffery <[daj12@uw.edu](mailto:daj12@uw.edu)>; Kathryn A. Guerriero <[kag18@uw.edu](mailto:kag18@uw.edu)>; Keith Vogel <[vogelk@uw.edu](mailto:vogelk@uw.edu)>; Jason D. Laramore <[jasonl73@uw.edu](mailto:jasonl73@uw.edu)>; Robert D. Murnane <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)>  
**Cc:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>  
**Subject:** Z17139- seeking input

Hi Team,

We would like to (re)discuss Z17139 with everyone...

This is the juvenile male that we thought had arthritis about a month ago (previous discussion over stifle xrays). Started on ABX (Clavamox), Fluconazole, and Meloxicam. After no significant improvement, D/C ABX and started Pred based on non-specific inflammation on bilateral joint taps. Now he has red swelling over distal thumb knuckles (started on left a week ago, now bilateral). We suspect he is sucking on/rubbing them or has some kind of soft tissue trauma. We originally suspected a developing abscess when just on the right, but it just bled a lot when I stuck a needle in it, which was strange... He's not grasping well with either hind foot and seems place them a bit gingerly.

He is now weighting/walking on the heel on the right hind. Rickettsia, Erlichia, and Anaplasma negative. Added Gabapentin this week, so far (2 days) and no significant improvement, started pred taper dose. VF titers have been negative. Planned xrays and Borelia PCR in a weekish. Has been on meloxicam since the start. He continues to have ~90% extension on the left leg with muscle wastage bilaterally, more severe on the left leg.

The only other thing we can come up with is a torn ACL (maybe bilaterally) but neither of us feel confident we could ID this on US...

Any thoughts/suggestions besides endpoint?

Thanks,  
Carolyn

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**  
Senior Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
Ph: 206.616.0501

<image001.png>

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**From:** Tess House <th81@uw.edu>  
**Sent:** Wednesday, April 24, 2019 3:01 PM  
**To:** Charlotte E. Hotchkiss  
**Subject:** RE: Z17265

Just wanted to give you an update that Gail has asked me to come to a meeting with the Community tomorrow at 10am. I should probably leave here around 9:20-9:30 am. It looks like they are blocking off an hour for discussion. I give you more details about it tomorrow morning when I see you.

Hope you have/are having a safe flight!

Tess

---

**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Sent:** Wednesday, April 24, 2019 8:57 AM  
**To:** Tess House <th81@uw.edu>  
**Cc:** cmali <cmali@uw.edu>  
**Subject:** RE: Z17265

Yes, this one is a genetic oops. Z02173 (Charlie) is her sire, and also the sire of her dam J10160. We don't want to breed her, but she might work for a study if we get her healthy. Does she have Valley Fever?

On the VD it looks to me like there's something odd to the right of the heart, but rads are not my specialty.

Given the history, I wonder if she has something weird anatomically in her sinuses? But we don't have any way to tell that down there. Up here, Joel has actually been able to get a decent image with a nasal scope, but still not all the way up.

If we do want to go ahead with a TTW (which is probably a good idea), we need to make sure we know what to do with it. Even up here when we did one there was a lot of confusion - the hospital lab didn't want to take it, and we didn't have any good way to spin it down so Audrey could make slides to look at.

We can talk more when I get there.  
Charlotte

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Tuesday, April 23, 2019 3:33 PM  
**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Cc:** cmali <cmali@uw.edu>  
**Subject:** Z17265

Hi Charlotte,

Would you be able to run a genetic analysis on this animal? It looks like the sire has left ABC so I cannot tell on the xcel you sent with colony genetics earlier. The sire is Z02173 and the dam is J10160.

I performed a semi-annual exam on Z17265 today and she had clear nasal discharge from her left nostril and increased lung sounds (bilateral, cranial and caudal) but no crackles. Her temp was 102.8. Her weight has been trending up/she appears to be growing well and she is clinically normal (good activity, no noted coughing). No other abnormalities were on the physical exam. Rads from today are attached. She's slightly rotated on the vd view and I had a better image but unfortunately our machine crashed on us and the image was lost. (Why it had to crash on us for 2 out of 3 sets of rads today is a mystery.)

She has been a previous case of left nasal discharge/nasal regurgitation and it was closed in August. At that time there was clear discharge from the left nostril but no abnormalities were noted on auscultation and there was a mild area of consolidation on the right middle lobe. We have done nasal swabs on her in the past (in April of last year was 2+ Enterococcus, 4+ Klebsiella, 4+ normal nasopharyngeal flora) and I did collect another swab on her today. I cannot palpate or appreciate any structural changes.

I'm not sure if I should go ahead and treat her with the changes I was hearing today or if we should consider doing a TTW on Thursday when you're here (it's been a couple years since I've done one on a dog and I'm nervous to do this on a little 1.9 kg juvenile by myself) or if we should just monitor. Caroline said she is inbred but I don't know the degree to which she's inbred. I also am uncertain what the likelihood is of this being something structural that I can't visualize that she might outgrow.

Any thoughts on this are greatly appreciated. I hate to give you one more thing to do before you travel but also wanted to mention it asap in case we want to sedate her Thursday morning and get another look.

Thanks,  
Tess

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

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**From:** Tess House <th81@uw.edu>  
**Sent:** Wednesday, April 24, 2019 9:08 AM  
**To:** Charlotte E. Hotchkiss  
**Subject:** Re: Z17265

**Categories:** Clinical cases

She is not a valley fever case. We drew blood from her yesterday to run a cocci titer. I should get those results in the next week or two.

We did previous rads of her head and neck to check the sinuses and they appeared normal (good symmetry) from what we could see, however, I also am not a specialist when it comes to rads.

She is BAR today and very active. I was not able to see any nasal discharge because that group is moving around quite a bit in the cage. I did catch a look at her hand and it did not look like it was wet from wiping her face.

Tess

---

**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Sent:** Wednesday, April 24, 2019 8:56 AM  
**To:** Tess House  
**Cc:** cmali  
**Subject:** RE: Z17265

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**Cc:** cmali <cmali@uw.edu>  
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**From:** Charlotte E. Hotchkiss  
**Sent:** Wednesday, April 24, 2019 3:06 PM  
**To:** Tess House  
**Subject:** Re: Z17265

Got it.  
Must turn off phone now.  
Thanks, Charlotte

Sent from my iPhone

On Apr 24, 2019, at 3:01 PM, Tess House <[th81@uw.edu](mailto:th81@uw.edu)> wrote:

Just wanted to give you an update that Gail has asked me to come to a meeting with the Community tomorrow at 10am. I should probably leave here around 9:20-9:30 am. It looks like they are blocking off an hour for discussion. I give you more details about it tomorrow morning when I see you.

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**To:** Charlotte E. Hotchkiss <[chotchk@uw.edu](mailto:chotchk@uw.edu)>  
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**From:** cmali <cmali@uw.edu>  
**Sent:** Wednesday, June 12, 2019 12:45 PM  
**To:** Charlotte E. Hotchkiss  
**Subject:** Testing needed for AZ-Seattle Moves

Hi Charlotte,

Caroline asked what samples you would like for the animals that we will be shipping to you (other than hair samples).

- Cocci titers?
- CBC/CHM?
- Virology?

Please let us know so we can plan ahead.

Thanks,  
Carolyn

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**

Senior Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
Ph: 206.616.0501



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**From:** Tess House <th81@uw.edu>  
**Sent:** Thursday, July 18, 2019 8:39 AM  
**To:** Charlotte E. Hotchkiss  
**Subject:** Thursday morning

**Categories:** Clinclal cases

Hi Charlotte,

The monkeys are loaded on the truck and leaving in a few minutes. A few updates since my e-mail yesterday:

Z17085 had a prolapse yesterday that I needed to sedate and reduce. No prolapse this morning, did well for loading.

Z17049 had a prolapse once in his crate but it self corrected. We did try our best to clean out his crate and wipe off his back end but he'll probably still have some blood on his hands and face.

Z13319 was observed chewing on the wire of her crate, would do a good oral exam on her on the receiving side just to check for any chipped teeth or gingival abrasions.

Jesse-I will send you an e-mail when they are moved to the truck in the computer. All documents are now on the Z drive in the folder I listed yesterday.

Thanks!!!

Tess

P.S. We tried to write some of the nicknames on the crates in addition to their numbers but I don't think we got everyone. I was asked to mention that Z14333 (VF male) is Ricky Bobby. 😊

**From:** Tess House <th81@uw.edu>  
**Sent:** Tuesday, December 24, 2019 10:42 AM  
**To:** Jim Murphy  
**Subject:** Valley Fever case stats for ABC

**Categories:** Task listed

Hi Jim,

I just checked our numbers for the NSAB update in January and they are as follows:

- 483 animals currently in Arizona
- 44 animals (9% of colony) on fluconazole treatment
- 33 of these animals (7% of colony) is currently cocci titer positive
- 12 new cases this fall during semi-annual exams. This trend follows what has been noted in human valley fever cases this year and the summer weather/monsoon pattern is suspected to play a role (very dry summer followed by a burst of intense rain at the end of the summer).

Hopefully these numbers will stay stable (except for a change in our census) by the time the NSAB meets.

Any questions, let me know!

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

**From:** Tess House <th81@uw.edu>  
**Sent:** Thursday, March 7, 2019 8:49 AM  
**To:** Charlotte E. Hotchkiss; Sally Thompson-Iritani; cmali; cjmead2  
**Subject:** Valley Fever Updates

Good morning-

I've added the updates word document for today to the Valley Fever Teams page.

Thank you!

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
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**From:** Tess House <th81@uw.edu>  
**Sent:** Friday, October 4, 2019 11:18 AM  
**To:** Charlotte E. Hotchkiss  
**Subject:** VF positives from July shipment

Hi Charlotte-

I looked at the juvies that came up positive after being shipped. They all have dams that were VF cases. Not sure if this is coincidental or if there a genetic component to this and the stress suppressed the immune system when the kids otherwise would have been able to clear it on their own. Just wanted to mention that if you hadn't looked at the dams.

I'll add a note in teams in the VF on these three too later today.

Tess

**From:** Tess House <th81@uw.edu>  
**Sent:** Monday, October 7, 2019 11:27 AM  
**To:** cjmead2; Schante M. Hodges; smintner; Danielle Parks  
**Subject:** VF updates from 231 Semi-annual exams

Hi Team,

I just checked the cocci titer results on 231 and we have three animals that have reached a full year of negative cocci titers! We will be discontinuing oral fluconazole on ID14, ET57, and S10185 effective tomorrow.

Thank you,  
Dr. H



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**From:** Tess House <th81@uw.edu>  
**Sent:** Wednesday, July 17, 2019 4:24 PM  
**To:** Charlotte E. Hotchkiss; Keith Vogel; Jason D. Laramore; Dean Jeffery  
**Cc:** Sally Thompson-Iritani  
**Subject:** AZ shipment

Hi Seattle,

Sorry to cut out early to run down to the colony, one trauma case from this week was one of the animals to be shipped to Seattle. She had a small laceration on the top of the head today and it was closed with three simple interrupted sutures.

Of the 57 heading your way, 12 are on treatments. Caroline and I are coming in at 5 tomorrow to give them their morning doses prior to being shipped. They are as follows:

Valley fever monkeys: Z17137, Z14333 (\*\*heads up to watch this guy, he's had neuro symptoms when his VF has flared up, typically head tilt; no issues with this for several months\*\*), Z13337, Z14323

Z14001 is also a valley fever girl and the one with the laceration today. I gave injectables of pain meds and antibiotics today but we're going to start her on oral antibiotics, probiotics, and pain meds tomorrow. Once she was awake enough, I gave her a probiotic. This girl is a corner stealth monkey that will make you do a double take to check the cage-she will hide and freeze but if a hand gently comes out close to the corner she's hiding in, she'll take meds well. In a group, she has been really good for coming up for the techs.

Z17064, Z13090, M10166, Z14134, Z14140, Z14308, and Z16043 are either chronic weight loss/lean monkeys or repeat diarrhea cases. Only two are on antibiotics (Z17064 and Z13090), the rest are either on GI supportives like probiotics or nutritional support. Those that are on antibiotics have had their feces go from fluid to formed and were formed this morning.

All of the valley fever monks come up well in group for treatment but if you have difficulty treating them, usually fig newtons, protein bars, and monkey dough have a high success rate.

That's all for now,  
Tess

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

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**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Sent:** Monday, April 15, 2019 8:45 AM  
**To:** Sally Thompson-Iritani  
**Subject:** FW: Z07023

Meant to add you to this...

The animals was also Valley Fever and Chagas positive.

Charlotte

---

**From:** Charlotte E. Hotchkiss  
**Sent:** Monday, April 15, 2019 7:48 AM  
**To:** Robert D. Murnane <rmurnane@uw.edu>; Jinhee P Thom <jinheep@uw.edu>; Audrey Baldessari <aeb4@uw.edu>; Keith Vogel <vogelk@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>; Dean Jeffery <daj12@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>; Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; Matt Hamlin <zen42@uw.edu>  
**Subject:** RE: Z07023

To provide some background on this animal,

Z07023 was noted to have an inguinal hernia in 2016 with ulcerated skin lesions. Lee did a hemi-castration and hernia repair down in Arizona 1/11/16. He also noted a large liver in May 2016. Since 2017 he has had a slight elevation in BUN and sometimes creatinine, so maybe the surgery caused an insult to the ureter.

His most recent semi-annual physical was on 3/22/19, and his BUN was mildly elevated, but less than it had been previously so it did not raise any flags. The rest of the physical exam and the CBC were normal.

We will schedule his partner for an exam.

Charlotte

---

**From:** Robert D. Murnane <rmurnane@uw.edu>  
**Sent:** Saturday, April 13, 2019 6:18 PM  
**To:** Jinhee P Thom <jinheep@uw.edu>; Audrey Baldessari <aeb4@uw.edu>; Keith Vogel <vogelk@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>; Dean Jeffery <daj12@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>; Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; Matt Hamlin <zen42@uw.edu>  
**Subject:** Z07023

Hi all:

The above animal was just necropsied, and had a severe, likely subacute to perhaps chronic nephritis that I suspect was bacterial (culture pending). There also was a hepatopathy that may be amyloidosis but also possibly infectious. Otherwise pretty normal findings (focal chronic pneumonia).

Cultures of kidney, liver, bladder (moderate possible puss in lumen) and the abnormal lung submitted for aerobic microbiology. I will rush histo however we have to send it out because Mac is in Europe! (yes we actually need 2 histotechnologists but fat chance of that).

PLEASE KEEP A CLOSE EYE ON THIS ANIMALS PARTNER due to the possibility of a contagious disease.

Histo should be out about the end of next week...

Feel free to send this info to other appropriate personnel.

See me if any questions.

Bob

---

**From:** Jinhee P Thom <[jinheep@uw.edu](mailto:jinheep@uw.edu)>  
**Sent:** Saturday, April 13, 2019 4:08 PM  
**To:** Robert D. Murnane <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)>  
**Subject:** Fw: Z07023 in W216

Bob, I'm on vacation but could you let me know what you find? This guy was a very sweet breeder male. I'm in shock right now.

Thanks!  
Jinhee

---

**From:** Keith Vogel <[vogelk@uw.edu](mailto:vogelk@uw.edu)>  
**Sent:** Saturday, April 13, 2019 1:37:43 PM  
**To:** Matt Hamlin; WaNPRC Clinical Seattle  
**Cc:** WaNPRC Husbandry Western; WaNPRC BMS  
**Subject:** Re: Z07023 in W216

Update on Z07023. I was monitoring his recovery which appeared to be a lot slower than I would expect. I started to check on him every 15 minutes and roll him over. Good heart rate, normal respirations and very pink until my last check at 11:45 when I found him deceased. Bob Murnane is coming in to perform a necropsy.,

Keith

---

**From:** Wanprc\_clinical\_seattle <[wanprc\\_clinical\\_seattle-bounces@mailman11.u.washington.edu](mailto:wanprc_clinical_seattle-bounces@mailman11.u.washington.edu)> on behalf of Keith Vogel <[vogelk@uw.edu](mailto:vogelk@uw.edu)>  
**Sent:** Saturday, April 13, 2019 12:24:31 PM  
**To:** Matt Hamlin; WaNPRC Clinical Seattle  
**Cc:** WaNPRC Husbandry Western; WaNPRC BMS  
**Subject:** Re: [Wanprc\_clinical\_seattle] Z07023 in W216

Hello,

Strange case. He is not bloated appeared to be slightly shocky and painful. Fairly firm stool and mild dehydration. I sedated him and definitely not bloated. Respiratory rate and effort normal but vocalized when Matt and I picked him up from the cage after sedation. The only unusual PE finding was his left kidney was very firm and enlarged, which has not ever been noted before (Matt's my witness). I gave fluids SQ, started on meloxicam and enrofloxacin. Grabbed a CBC and chemistry before starting treatment and attempted to get a urine sample (no luck on the urine even though successful catheterization as shown by a few drops of urine. Now here is the strange part after having him out for over an hour on one dose of ketamine he was acting and sleeping quietly when we rechecked the kidney and it was now 30 to 50% of its original volume. Working differential is a kidney stone or sludge blocking the ureter.

Keith

---

**From:** Wanprc\_clinical\_seattle <[wanprc\\_clinical\\_seattle-bounces@mailman11.u.washington.edu](mailto:wanprc_clinical_seattle-bounces@mailman11.u.washington.edu)> on behalf of Matt Hamlin <[zen42@uw.edu](mailto:zen42@uw.edu)>  
**Sent:** Saturday, April 13, 2019 9:15:50 AM  
**To:** WaNPRC Clinical Seattle  
**Cc:** WaNPRC Husbandry Western; WaNPRC BMS  
**Subject:** [Wanprc\_clinical\_seattle] Z07023 in W216

Hello all! When I came into the vivarium at about 8:40 AM today AT2 Justin Davis informed me that Ernest had found Z07023 {W216, E2} lethargic and moving very slowly this morning when he fed the room at about 7:20. I went into W216 first thing and found him hunched forward with his lower paws grasping the guillotine door of his group 5 Seattle cage. He was unresponsive to me touching his feet. His eyes are open but he does not seem to be tracking movement. He is closed off from his breeding partner for the time being. I spoke with Ernest and Vince and it looks like this animal may have had a seizure or other neurological event of some sort. They report that he was slow at 7:20 then lying completely down 15 minutes later, at which point Vince paged Keith, who is coming in to evaluate.-  
Matt

**From:** cmali <cmali@uw.edu>  
**Sent:** Friday, January 4, 2019 6:09 AM  
**To:** Kathryn A. Guerriero; Dean Jeffery; Sally Thompson-Iritani; Charlotte E. Hotchkiss; Keith Vogel  
**Cc:** Tess House  
**Subject:** Re: Case opinions Z16358

Hi All,

After discussing with Tess, we have decided to forgo the BAL due to the potential human health hazard associated with VF. We will start empiric TX with Clavamox today and also do a TST.

THANK YOU for your advice and recommendations yesterday. It's a good thing to have so many other vets around for when I have brain lapses, like not thinking of secondary bacterial infection and just focusing on VF..... I VERY MUCH APPRECIATE your help!!!

Best,  
Carolyn

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**

Senior Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
PO Box 20836  
Mesa, AZ 85277  
Ph: 206.616.0501

---

**From:** Kathryn A. Guerriero <kag18@uw.edu>  
**Sent:** Thursday, January 3, 2019 9:13:22 PM  
**To:** cmali; Dean Jeffery; Sally Thompson-Iritani; Charlotte E. Hotchkiss; Keith Vogel  
**Cc:** Tess House  
**Subject:** Re: Case opinions Z16358

Hi Carolyn,

On my drive home tonight I was thinking about this case and was wondering when the last time this animal had a TB test done. I ask because these will have similar presentation on radiographs (and of course a cough) and the VF infection, altering this animal's immune system, has the potential to allow a latent TB infection to flourish. Anyway, it might be worth do a TB test and if you do get a BAL, you may want to consider sending it for TB PCR to rule that out (zoologix will run TB PCR, but you should contact them directly to confirm that they will take a sample from an animal with VF). Another option is to collect blood for TB serology (Intuitive Biosciences in Wisconsin will run this on macaque samples and the test is highly specific for tuberculosis causing mycobacterium). TB would be lower on my list for secondary bacterial infections if this animal has been negative before, but still definitely something that I would want to rule out.

Kate

---

**From:** Kathryn A. Guerriero  
**Sent:** Thursday, January 3, 2019 12:23:48 PM  
**To:** cmali; Dean Jeffery; Sally Thompson-Iritani; Charlotte E. Hotchkiss; Keith Vogel  
**Cc:** Tess House  
**Subject:** RE: Case opinions Z16358

I'm up for a discussion after rounds. Can we bring up the radiographs on the screen after rounds?

---

**From:** cmali <cmali@uw.edu>  
**Sent:** Thursday, January 3, 2019 12:15 PM  
**To:** Dean Jeffery <daj12@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Keith Vogel <vogelk@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>  
**Cc:** Tess House <th81@uw.edu>  
**Subject:** Re: Case opinions Z16358

sounds like a plan! Thanks!

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**  
Senior Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
PO Box 20836  
Mesa, AZ 85277  
Ph: 206.616.0501

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**From:** Dean Jeffery <daj12@uw.edu>  
**Sent:** Thursday, January 3, 2019 12:30:41 PM  
**To:** Sally Thompson-Iritani; cmali; Charlotte E. Hotchkiss; Keith Vogel; Kathryn A. Guerriero  
**Cc:** Tess House  
**Subject:** RE: Case opinions Z16358

I haven't had time to look yet, but I love a good discussion. Once we've covered pertinent weekend stuff, I'll stick around.

DJ

---

**From:** Sally Thompson-Iritani [<mailto:sti2@uw.edu>]  
**Sent:** Thursday, January 3, 2019 11:22 AM  
**To:** cmali <cmali@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Keith Vogel <vogelk@uw.edu>; Dean Jeffery <daj12@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>  
**Cc:** Tess House <th81@uw.edu>  
**Subject:** RE: Case opinions Z16358

Should we discuss this at the end of rounds today? That left thoracic cavity is interesting.

Sally

---

**From:** cmali <cmali@uw.edu>



**Sent:** Thursday, January 3, 2019 9:25 AM

**To:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>; Keith Vogel <[vogelk@uw.edu](mailto:vogelk@uw.edu)>; Dean Jeffery <[daj12@uw.edu](mailto:daj12@uw.edu)>; Sally Thompson-Iritani <[sti2@uw.edu](mailto:sti2@uw.edu)>; Kathryn A. Guerriero <[kag18@uw.edu](mailto:kag18@uw.edu)>

**Cc:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>

**Subject:** Case opinions Z16358

Hi All,

I would like some help with a case... ~2 yo M pigtail with indoor/outdoor access in a juvenile enclosure (weaned within last 6m). New Valley Fever Case, on TX with Fluconazole and Albuterol (for 1.5m) for cough. Moved into indoor hospital group cage when diagnosed. Cough not resolving. Repeat xrays yesterday are worse than previous ones (about a month ago). Started on pred about 5 days ago (before xrays). Heard coughing again today.

Please look at xrays, particularly the VD view.

Z:\Arizona\Vet Services\2019\Radiographs\Z16358

Plan to finish pred, continue albuterol and Fluconazole and repeat xrays 10D after pred ends .

Any thoughts or suggestions?

THANK YOU!!!

Carolyn

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**

Senior Veterinarian

Washington National Primate Research Center

Arizona Breeding Colony

PO Box 20836

Mesa, AZ 85277

Ph: 206.616.0501

**From:** Sally Thompson-Iritani  
**Sent:** Monday, February 25, 2019 5:40 PM  
**To:** 'Dean Jeffery'; Audrey Baldessari; Kathryn A. Guerriero  
**Subject:** RE: Clinical History for Z13022

Thank you - we can definitely follow up with further discussion on this topic. It maybe that we want to discuss at the time mated breeding colony meeting. Regardless we need to discuss it and we can save future discussion for one of our meetings.

Thank you to all of you for your support of the animals and the colony - I know that this has been a stressful event and I also appreciate you be willing to take time to meet with staff on Wednesday.

Thank you -

Sally

---

**From:** Dean Jeffery <daj12@uw.edu>  
**Sent:** Monday, February 25, 2019 9:33 AM  
**To:** Audrey Baldessari <aeb4@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>  
**Cc:** Sally Thompson-Iritani <sti2@uw.edu>  
**Subject:** RE: Clinical History for Z13022

Audrey, please find attached screenshots of the entire history of CBCs and Chems. IMHO, with being extra careful not to create the impression of laying blame, I think the most important thing that needs to come from this case is the discussion of not breeding animals with suspected pathologies. I don't know the ins and outs of our breeding system to know how females are chosen to breed or how desperately we need pregnant females, but surely this disease process would have made her a bad subject for a research project (eg Adams study) and I would also be concerned with breeding heritable diseases.

Sally, I originally brought this topic up at a vet or clinical rounds meeting four or five months ago. Perhaps it would be better if you inquired about this subject at the next vet meeting?

DJ

---

**From:** Audrey Baldessari <aeb4@uw.edu>  
**Sent:** Monday, February 25, 2019 9:17 AM  
**To:** Kathryn A. Guerriero <kag18@uw.edu>; Dean Jeffery <daj12@uw.edu>  
**Cc:** Sally Thompson-Iritani <sti2@uw.edu>  
**Subject:** Re: Clinical History for Z13022

Thanks for this history. I'm curious about her liver enzymes back when denamarin was started. I'll check that in ARMs. Maybe we need a discussion about not breeding animals w hepatomegaly and suspect amyloidosis - if this was in fact the suspicion before pregnancy. Lots of the valley fever cases have amyloid.  
Audrey

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**From:** Kathryn A. Guerriero <kag18@uw.edu>  
**Sent:** Monday, February 25, 2019 3:56 AM

**To:** Dean Jeffery  
**Cc:** Audrey Baldessari; Sally Thompson-Iritani  
**Subject:** Re: Clinical History for Z13022

Looks good to me. The only thing that I would add is that z13022 was noted to be tachycardiac immediately upon sedation for the ER C-section.

Kate

Kathryn Guerriero, PhD, DVM  
Senior Clinical Veterinarian  
Washington National Primate Research Center  
Pager: 206-314-9731

On Feb 24, 2019, at 10:56 PM, Dean Jeffery <[daj12@uw.edu](mailto:daj12@uw.edu)> wrote:

Hi Audrey,

Z13022 was a 6y, 1mo female PTM; lifetime negative for MRSA, TB, and all viruses tested. Here is the timeline of pertinent case findings, to which Kate may add if she sees anything that I've overlooked:

10/19/15 – hypoalbuminemia (2.9) first appears, seen commonly on chems up to 09/26/17 (between 2.4-2.9).  
10/13/16 - chronic thrombocytosis (>720) first appears, seen on 10 consecutive CBCs to present.  
10/17/16 - natural viable birth  
01/05/18 – mild epistaxis noted as shipped from NIRC  
01/16/18 – 1<sup>st</sup> quarantine exam bilateral mammary engorgement noted (no recent pregnancy), resolved by 2<sup>nd</sup> quarantine (6d of Meloxicam)  
02/01/18 - shipment tests *Campylobacter* +, animals started on azithromycin.  
02/09/18 - epistaxis noted again  
02/13/18 – 3<sup>rd</sup> quarantine exam, hepatomegaly first noted (on AUS), Valley Fever IgG titer +, hyperglobulinemia present (5.2) with normal albumin (3.2); Denamarin (indefinite) and fluconazole (6 months) started; amyloidosis suspected.  
04/09/18 – EPEC +, no tx initiated.  
05/12/18 – Valley Fever IgG and IgM titer - , case closed.  
08/07/18 – grade II mitral murmur noted once only, albumin normal (3.9).  
12/03/18 – on AUS placenta previa suspected (covering cervix), rejected from Adams' study.  
12/16/18 – mild epistaxis noted, case opened.  
01/02/19 – mild epistaxis continues, 3+ *S. aureus* (sensitive to cefazolin) on nasal swab, hypoalbuminemia (2.7); coag panel shows PT and PTT mildly elevated (by 4-5 seconds each).  
02/06/19 – AUS (done by Adams) shows normal placentation but hyperechoic caudodorsal uterine wall, fetus appears normal with head down; BP = 132/92 (106); chem shows worsening hypoalbuminemia (1.7), started on NS with protein powder.  
02/19/19 – mild epistaxis changes from blood-tinged mucus to frank blood, clots seen in nares; husbandry notes decrease in appetite.  
02/21/19 – unchanged AUS findings including fetus; BP = 136/91 (106); edematous vulva and sex skin noted; hypoalbuminemia now below limit of detection; coag panel shows elevated D-dimer (2.0, normal <0.5) with normal PT and PTT; nasal swab pending.  
02/22/19 – taken for ER c-section; dam sedated with 9mg/kg ketamine IM, doesn't sedate fully,

additional 4.5mg/kg IM given; buprenorphine SR given SC; propofol given for tube placement (2mg/kg IV); 15mL hetastarch (colloid) given; 50mg/kg ceftriaxone given IV; spO2 begins to drop once animal is positioned for surgery and placed on sevoflurane; over ~5-10 min breathing pattern goes from abdominal to dyspneic to agonal; mm colour is moderately cyanotic; laparotomy is quickly performed and infant is removed from uterus (<10 min from initial laparotomy incision) and handed off to staff for resuscitation, 5 minutes later no breathing or heart rate reported on infant; dam is euthanized given appearance of liver and anesthetic instability; CPR is performed on infant, who received 0.5mL epinephrine IM (right quadriceps), followed by 0.15 atropine IM (right quadriceps); ~10 minutes of chest compressions were provided; attempt was made to intubate but was unsuccessful (probably esophageal); additional 0.5mL epinephrine given intracardiac, in between 20 more minutes of CPR; no heartbeat or respiration ever noted.

Let me know if you have any questions. Thanks again for getting to this on such a short notice.

DJ

**From:** Sally Thompson-Iritani  
**Sent:** Thursday, December 19, 2019 3:10 PM  
**To:** Tess House  
**Cc:** Charlotte E. Hotchkiss; cmali; aw656  
**Subject:** RE: Cocci in humans

Thank you Tess!

Sally

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Thursday, December 19, 2019 10:46 AM  
**To:** Sally Thompson-Iritani <sti2@uw.edu>  
**Cc:** Charlotte E. Hotchkiss <chotchki@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>  
**Subject:** Cocci in humans

Hi Sally,

I'm not seeing much on the publication side yet for data from 2019 and it sounded from the discussions with Dr. Barker that they were still gathering data at Arizona Health Services. They are suspecting that our milder summer (not mild in terms of temperature but mild in terms of rain) this year is a contributing factor. Usually the data is something AHS will try to present on at the April Cocci Study Group meeting. The meeting in 2020 will be in Tucson so it will be very interesting to hear about the unusual cases they've had on the human side.

<https://www.kold.com/2019/09/03/experts-are-seeing-an-increase-valley-fever-cases-reported-arizona-why/>

One of the more recent publications that came out was the CDC's study on air filters but this was all data from the 2015 and 2016 seasons. This was something that Dr. Barker and her grad student discussed with Carolyn and I at ABC in addition to soil samples.

<https://www.ncbi.nlm.nih.gov/pubmed/31506673>

Tess

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

**From:** Sally Thompson-Iritani  
**Sent:** Monday, October 28, 2019 6:30 PM  
**To:** Tess House; cjmead2; cmali; aw656  
**Cc:** Charlotte E. Hotchkiss  
**Subject:** RE: Cocci Results

Sorry to hear this - thank you for taking good care of them.

Sally

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Monday, October 28, 2019 11:02 AM  
**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>  
**Cc:** Charlotte E. Hotchkiss <chotchk@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>  
**Subject:** RE: Cocci Results

We have three new cases from the 10/15 exams: Z16053, Z16203, Z16342. All current cases in this group are either not yet to one year of negative titers or are stable.

I have updated the Valley Fever Teams case list document to include the endpoint (Z17170) from last week and our current nursery case Z19006 as well as the three listed above.

Dr. H

---

**From:** cjmead2 <cjmead2@uw.edu>  
**Sent:** Monday, October 28, 2019 6:36 AM  
**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>  
**Subject:** Cocci Results

TB Exams dates cocci 10/14 and 10/15 downloaded into panel reports.  
Z19006 cocci titer IgM 1:2 and IgG 1: 32

Thanks,  
Caroline

**From:** Sally Thompson-Iritani  
**Sent:** Saturday, October 12, 2019 5:40 PM  
**To:** Tess House; cjmead2; aw656; cmali  
**Cc:** Charlotte E. Hotchkiss  
**Subject:** RE: New valley fever cases in 131

Thank you Tess - that is a bummer.

Sally

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Friday, October 11, 2019 7:39 AM  
**To:** cjmead2 <cjmead2@uw.edu>; aw656 <aw656@uw.edu>; cmali <cmali@uw.edu>  
**Cc:** Sally Thompson-Iritani <sti2@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Subject:** New valley fever cases in 131

Good morning-

We have two new cases of valley fever in 131. One, unfortunately, is the breeder male A10229 and the other is L09006. She was a past VF case that was closed in 2018 (most recent prior positive titer was March 2017). The male has not been positive in the past, this is his first positive titer. They both have cases opened and treatment added.

There is a running list of VF cases in Teams in the VF group that will be updated as titer results roll in. The document is Valley Fever case list. The top of the document is the list of cases when I was preparing the NSAB update and the more recent additions/subtractions of cases are listed below that.

Dr. H

**From:** Sally Thompson-Iritani  
**Sent:** Friday, March 1, 2019 12:35 PM  
**To:** 'Tess House'  
**Subject:** RE: Next Thursday

I think an analysis of where everything is at and how the data is shaping up for our analysis.

Sorry the trails have dried up - hopefully you can make some new connections at the upcoming meeting.

Sally

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Thursday, February 28, 2019 12:33 PM  
**To:** Sally Thompson-Iritani <sti2@uw.edu>  
**Subject:** Next Thursday

Hi Sally,

I just wanted to check in with you to find out exactly what information you'd like prepared for the valley fever meeting next week on Thursday. I know you had wanted a cost run down of what it would be if we were to serum fluconazole level test all the animals on treatment just to discuss this. What other additional information would you like?

On a related note, both trails for the Mazen Animal Vaccine lead and the lead I was given after the Face to Face meeting have gone cold. I have not heard back from either of them after reaching out again unfortunately.

Tess

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277



**From:** Sally Thompson-Iritani  
**Sent:** Wednesday, December 11, 2019 3:44 PM  
**To:** Jane W. Elliott  
**Subject:** RE: Photo approvals

Thank you!

Sally

---

**From:** Jane W. Elliott <ellioj@uw.edu>  
**Sent:** Wednesday, December 11, 2019 3:35 PM  
**To:** Sally Thompson-Iritani <sti2@uw.edu>  
**Subject:** Re: Photo approvals

Yes, that was my thought too but I didn't really know if there was a reason behind the inclusion of these things. I'll talk to Charlotte.

Thank you!

Jane Elliott  
Assistant Director  
Center Programs, Administration & Operations  
206-543-4376  
[ellioj@uw.edu](mailto:ellioj@uw.edu)

---

**From:** Sally Thompson-Iritani <sti2@uw.edu>  
**Sent:** Wednesday, December 11, 2019 3:28 PM  
**To:** Jane W. Elliott <ellioj@uw.edu>  
**Subject:** RE: Photo approvals

These would need to be cropped to focus specifically on the lesions themselves and the animal numbers are clearly visible. Can they be cropped?

Sally

---

**From:** Jane W. Elliott <ellioj@uw.edu>  
**Sent:** Wednesday, December 11, 2019 8:55 AM  
**To:** Sally Thompson-Iritani <sti2@uw.edu>  
**Subject:** Photo approvals

Hi Sally – Could you please approve the photos collected for the following request? The files are here: Z:\Transfer\FOR SALLY. Please respond back to Charlotte when you've had a chance to review. (Mike would have been concerned that you can easily identify animal body parts but that is potentially the point of these photos.) Thank you.

From: **Charlotte Hotchkiss**  
Your Email: [chotchki@uw.edu](mailto:chotchki@uw.edu)  
Division: **Primate Resources**  
Type of media to be taken: **Photo(s)**

Number of people: **Up to 6**

Subject: **Surgical field**

Purpose: **Working group presentation, maybe publication**

Location media will be used: **Externally**

Photo(s) will be taken:

Beginning **10/21/2019**

Ending **11/30/2019j**

Location where photo(s) to be taken: **Probably Western**

Other information:

**We currently have a colony animal with a Valley Fever bone lesion who is otherwise healthy. In the past, animals with bone involvement had to be euthanized. We are interested in trying a new surgical technique to treat this problem. If it works, we would like to publish a case report.**

### **Jane Elliott**

Assistant Director, Center Programs, Administration & Operations

Washington National Primate Research Center

University of Washington

Direct line: 206-543-4376 / Front desk: 206-543-0440

[ellioj@uw.edu](mailto:ellioj@uw.edu)

Hours: M - F: 7:30-4:00

*The WaNPRC is supported by grant P51 OD010425 from the NIH Office of Research Infrastructure Programs. Please help us continue to support your research by citing our grant number in publications.*

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**From:** Sally Thompson-Iritani  
**Sent:** Tuesday, December 24, 2019 11:37 AM  
**To:** Tess House; Jim Murphy  
**Cc:** cmali; aw656; Charlotte E. Hotchkiss; cjmead2; Jessica Toscano  
**Subject:** RE: Valley Fever case stats for ABC

Thank you so much Tess - this is incredibly helpful!

Sally

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Tuesday, December 24, 2019 10:42 AM  
**To:** Jim Murphy <murphyjm@uw.edu>  
**Cc:** cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>; Charlotte E. Hotchkiss <chotchkki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; cjmead2 <cjmead2@uw.edu>; Jessica Toscano <jesst393@uw.edu>  
**Subject:** Valley Fever case stats for ABC

Hi Jim,

I just checked our numbers for the NSAB update in January and they are as follows:

- 483 animals currently in Arizona
- 44 animals (9% of colony) on fluconazole treatment
- 33 of these animals (7% of colony) is currently cocci titer positive
- 12 new cases this fall during semi-annual exams. This trend follows what has been noted in human valley fever cases this year and the summer weather/monsoon pattern is suspected to play a role (very dry summer followed by a burst of intense rain at the end of the summer).

Hopefully these numbers will stay stable (except for a change in our census) by the time the NSAB meets.

Any questions, let me know!

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Sent:** Monday, February 4, 2019 8:20 AM  
**To:** Tess House; Sally Thompson-Iritani; cmali  
**Subject:** RE: Z16358

Thanks for the update.  
Charlotte

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Saturday, February 2, 2019 9:09 PM  
**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; cmali <cmali@uw.edu>  
**Subject:** RE: Z16358

Here are the latest, this was taken yesterday. On physical I was hearing slightly increased inspiratory sounds but no crackles on the right side only, otherwise auscultation was WNL. There's been some coughing the techs have reported and there was a bedding change in this room this week with a bedding that was much finer sawdust. I've added a little bit of dextromethorphan since that didn't appear to interfere with current treatments and am following up with husbandry about when our usual bedding will be back in stock. There will be another set of radiographs and cocci titer in 2 weeks.

Tess

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**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Sent:** Sunday, January 20, 2019 1:40 PM  
**To:** Tess House <th81@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>  
**Cc:** cmali <cmali@uw.edu>  
**Subject:** RE: Z16358

Finally had a chance to look at these – looks like things are headed the right direction. It will take some time, but it looks like treatment is working. Yay!  
Charlotte

---

**From:** Tess House <th81@uw.edu>  
**Sent:** Friday, January 18, 2019 12:35 PM  
**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>  
**Cc:** cmali <cmali@uw.edu>  
**Subject:** Z16358

Hi Charlotte and Sally,

We sedated Z16358 for an exam, blood work, and follow up radiographs on coughing for this case. I have radiographs attached from today (4 views) as well as from the last set of radiographs on 1/2/19 (3 views). Last week on Thursday night Schante had commented that he was coughing a lot and over the weekend Sherri noted coughing as well as earlier in the week. Coughing was not noted today. On exam, I'm hearing increased lung sounds bilaterally but no crackles (these were noted on exam on 1/4/19). I have the radiographs attached. It appears radiographically and clinically we are heading in the right direction but I'm going to continue antibiotics (currently on Clavamox and started Azithromycin yesterday after ending a one week course of gentamicin) and recheck radiographs in 2 weeks.

I pulled cbc/chem today (pending right now) to see where we are at. At the last exam, a sample was pulled for a

cocci titer and past titer history listed below. Currently this animal is receiving fluconazole, antibiotics (above), probiotics, fiber bites, multivitamins, and Dextromethorphan (ends Monday).

**PANELS - Valley Fever**

<b>Animal:</b>	Z16358	<b>Age:</b>	2 y 0 m	<b>Project:</b>	ABC Mn Breeding
<b>Sex:</b>	Male	<b>Weight:</b>		<b>Investigator:</b>	Breeding 75 01
<b>Species:</b>	Macaca nemestrina	<b>Location:</b>		<b>IACUC:</b>	4202-02

3.95 on 1/11/19

AA104-K2

Cocci	Panel Comments	IgG Titer Result	IgG Titer Value	IgM Titer Result	IgM Titer Value
<b>1/2/19</b>		positive (+)	1:32	positive (+)	1:4
<b>11/26/18</b>		positive (+)	1:64	positive (+)	1:16
<b>10/15/18</b>		positive (+)	1:32	positive (+)	1:16
<b>3/12/18</b>		negative (-)	<1:1	negative (-)	<1:1

Let me know your thoughts-

Thank you!

Theresa (Tess) House, DVM MPH  
 Supervisory Veterinarian  
 Washington National Primate Research Center  
 Arizona Breeding Colony  
 Office phone 206.685.1842  
 Mailing address- P.O. Box 20836/Mesa, AZ 85277

**From:** Robert D. Murnane  
**Sent:** Thursday, May 9, 2019 12:20 PM  
**To:** Audrey Baldessari; Keith Vogel; Charlotte E. Hotchkiss; Kathryn A. Guerriero; Dean Jeffery; Jason D. Laramore; Tess House (th81@uw.edu); Carolyn Malinowski  
**Subject:** 19-041 and 042 (Z19068 and Z14141)  
**Attachments:** 19-040 (Z19068) histo.docx; 19-041 (Z14141) histo.docx

Hi all:

Please find attached final reports on the above 2 cases. Interestingly, Z14141 was cerebral Valley Fever, and both animals were from the same dam who also was diagnosed clinically with Valley Fever.

Please contact me with any questions, comments or concerns.

Cheers  
Bob

University of Washington  
National Primate Research Center

Accession # 19-040  
Submission Date 20 Mar 19

## DIAGNOSTIC LABORATORY NECROPSY REPORT

Requester TH Investigator Hotchkiss Animal ID # Z19068  
Species Mn Requester's Phone 5-1842

Date of Death 03/06/19 Date of Necropsy 03/06/19 Time 1300 Pathologist TH

Nutritional Condition: ☐ Adequate X Marginal ☐ Poor ☐ Obese

Other Tests Required: ☐ Sero ☐ Micro ☐ Parasit ☐ Other \_\_\_\_\_

Other Diagnostic Samples \_\_\_\_\_

Type of report: ☒ Final 9 May 19 ☒ Preliminary \_\_\_\_\_ ☐ Amended \_\_\_\_\_

### Clinical History:

Infant delivered overnight and found dead in the enclosure (181) when husbandry staff arrived in the morning. The dam (L03132) was sedated for her semi-annual exam on 03/04/19 and based on measurements at that time, the estimated due date was 03/22/19. The infant was positioned head down and the placenta appeared normal. Fetal heart rate at that time was normal as well (210 bpm). There were no significant abnormalities on the dam's exam that day other than a BCS of 4/5 and moderate dental calculus.

The dam has a history of a natural nonviable birth in 2013 and had viable births in 2014, 2015, and 2016. The dam was positive in the past for valley fever and had been on treatment until September 21<sup>st</sup>, 2018. She was discontinued from treatment after having a year of negative cocci titers. One of her previous births (infant born in 2014) is a current valley fever case.

The majority of the placenta could not be recovered from the group enclosure but very small portions of it observed in the bedding appeared normal.

### Gross Description:

A 0.48 kg (BCS 2.5/5) female *Macaca nemestrina* is presented for necropsy.

Externally there are two abrasions on the ventral abdomen and inguinal region consistent with postmortem trauma. (When the infant was removed from the group enclosure, the dam reached through the mesh to grab at the infant's rear legs.) No other signs of bruising, bleeding, or trauma noted; no breaks in the skin were identified. A small amount of dark, fluid feces was present around the rectum and a rectal swab was collected and submitted. A small portion (about 2 cm) of the umbilicus was attached and appeared normal; this was submitted for histopathology.

Upon internal examination, the liver, gallbladder, stomach, kidneys, adrenal glands, intestines, bladder, and reproductive organs appeared normal. The spleen was of normal shape, consistency, and color but

subjectively appeared slightly smaller than expected. The heart appeared normal and no free fluid was found within the thoracic cavity. The cranial left lung lobe was mottled in appearance and had areas of dark red mixed with a light cream color. No exudate was noted on cut cross section and the lobe would partially float in formalin. The remaining lung lobes on the left side and the entirety of the right side were dark red in color and sank in formalin. These lung lobes did not have exudate on cross section.

A small area (about 1 cm in diameter) of hemorrhage was noted in the left occipital region of the brain. No fractures of the cranium were noted and the skull and brain appeared otherwise normal. The cerebellum and brain stem appeared normal. There was no hematoma or bruising noted in the skin overlying the occipital region. Animal husbandry did comment that the dam was on a perch in the enclosure and dropped the deceased infant when they went to shift her to a different enclosure.

Gross Diagnosis(es):

1. Stillbirth

Histological Findings:

Lungs are uninflated and have diffuse, moderate, deep aspiration of amniotic cells and debris. There also is extensive congestion.

Sections of brain, spleen, adipose (adequate), lymph node, pancreas, liver, heart, kidneys, skin with umbilicus, and umbilical cord are unremarkable.

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Final Principal Diagnosis(es):

- 
1. Moderate, diffuse, deep aspiration of amniotic cells and debris with uninflated lungs
- 

Histology Comments:

Amniotic cells and debris within alveoli without inflammation and noninflation of the lungs are consistent with agonal aspiration due to fetal distress. This finding in concert with lack of other overt lesions suggests stillbirth due to dystocia.

Please contact either of us with any questions, comments or concerns.

Pathologist TH(gross)/RM (histo)



University of Washington  
National Primate Research Center

Accession # 19-041  
Submission Date 20 Mar 19

## DIAGNOSTIC LABORATORY NECROPSY REPORT

Requester TH/CM Investigator Hotchkiss Animal ID # Z14141  
Species Mn Requester's Phone 5-1842

Date of Death 03/13/19 Date of Necropsy 03/13/19 Time 1100 Pathologist TH/CM

Nutritional Condition: ☒ Adequate ☐ Marginal ☐ Poor ☐ Obese

Other Tests Required: ☐ Sero ☐ Micro ☐ Parasit ☐ Other \_\_\_\_\_

Other Diagnostic Samples CSF (cryovial)

Type of report: ☒ Final 9 May 19 ☒ Preliminary \_\_\_\_\_ ☐ Amended \_\_\_\_\_

### Clinical History:

A 4 year, 10 month old, 8.23 kg female pigtail was presented for necropsy in good condition. She was negative for valley fever on cocci titers leading up until April 16<sup>th</sup>, 2018 when she was tested at the time of semi-annual exams. She had been noted around this time for coughing and radiographs showed a moderate bronchointerstitial pattern bilaterally. She was started on an oral dose (100 mg) of fluconazole. On May 8<sup>th</sup>, 2018 she was observed favoring her right hand and had superficial abrasions on D3 and D4 and a short course of NSAIDs were added to her treatment plan. A week later, on May 15<sup>th</sup>, 2018 she was observed with bilateral epistaxis and did not want to turn her head side to side. She was removed from her social group and started on amoxicillin and a short course of prednisone. The epistaxis resolved but reluctance to turn her head was noted on May 17<sup>th</sup>, 2018. She was sedated again on May 23<sup>rd</sup> for a follow up cocci titer and full body radiographs. No evidence of compressed disc spaces, reactive bone, or spondylosis were noted, lungs appeared stable. On physical exam under sedation, there was normal ROM of the head and neck. She appeared to be improving and was returned to her social group on May 30<sup>th</sup> and continued on fluconazole. On June 21<sup>st</sup>, she was noted for audible breathing and albuterol was started as well as a short course of prednisone. A slight cough and audible breathing was noted on July 3<sup>rd</sup>, particularly when active or excited and a short course of prednisone given. On July 30<sup>th</sup> she would not come up to the front of the group enclosure to take her treatment and appeared ataxic and uncoordinated. She was sedated for an exam, blood work, and radiographs. Her lung sounds were slightly increased on inspiration on the left side but not the right and radiographic changes were mild on the left side. The CBC had a machine error and the chemistry showed a slightly decreased GGT that may have been a machine error and a low albumin (2.7). The cocci titer showed a decreased IgG (see table below). On August 27<sup>th</sup>, she was noted to be coughing again and a tapered course of prednisone was tried this time. Two days later, she was found seizing prior to receiving her morning dose of fluconazole. Leading up to the seizure, she was noted to be ataxic on the left side and tossing her left arm in a rhythmic pattern towards her chest. By the time that the vet tech had called the veterinarian, the seizure had stopped. She was given her fluconazole and a dose of oral diazepam for any refractory seizures and moved from her social group to a single cage. Shortly after being moved to the cage, she seized again and an injection of diazepam was given, which she responded to quickly. The following day (August 30<sup>th</sup>) she was sedated for another exam, blood work, cocci titer, and radiographs. Both lung fields had increased sounds on inspiration and a mild bronchointerstitial pattern

was noted (vertebrae appeared normal). There was a moderate hypoproteinemia and a mild neutrophilia. On September 25<sup>th</sup>, another seizure occurred and she was sedated for exam. There were bilateral increased lungs sounds on inspiration but no other abnormalities found on exam. A CBC showed a mild leukocytosis and the ALP was unremarkable. Pregnancy was discovered on ultrasound on this exam. The third observed seizure occurred on October 15<sup>th</sup> and long term antiepileptic medication was started. Initially daily oral diazepam was given until levetiracetam and gabapentin could be acquired. A break through seizure was noted on November 9<sup>th</sup> and responded quickly to injectable diazepam. The animal had not yet received her doses of gabapentin, levetiracetam, or fluconazole for the day when that occurred. Another break through seizure was observed on December 15<sup>th</sup> in the morning, when she had consumed about half of her morning medications and responded to an injection of diazepam. She was noted to be increasingly difficult to medicate (would try to pick out pills) so oral formulations of levetiracetam and gabapentin were obtained from a compounding pharmacy. She seemed to do better with oral liquid medications but continued to have break through seizures, with another observed on January 4<sup>th</sup> which again responded to injectable diazepam. After discussion and concerns were raised with respect to seizures and the stress of the impending labor, a C-section was elected and performed on January 10<sup>th</sup>. The surgery went smoothly and additional pain meds and antibiotics were added to her treatment plan. The infant was reintroduced following recovery but the dam would hold the infant very tightly around the neck and would not allow the infant to nurse for very long so the infant was removed. The doses of oral levetiracetam and gabapentin were adjusted as her weight changed following the pregnancy and she continued on 100 mg of fluconazole. A break through seizure was observed on March 6<sup>th</sup> which responded to injectable diazepam and endpoint set for March 13<sup>th</sup>.

Cocci	Panel Comments	IgG Titer Result	IgG Titer Value	IgM Titer Result	IgM Titer Value
1/10/19		positive (+)	1:4	negative (-)	<1:1
10/29/18		positive (+)	1:2	positive (+)	1:2
9/25/18		positive (+)	1:8	positive (+)	1:2
8/30/18		positive (+)	1:32	positive (+)	1:2
7/30/18		positive (+)	1:4	negative (-)	<1:1
5/23/18		positive (+)	1:32	positive (+)	1:2
4/16/18		positive (+)	1:16	positive (+)	1:4

Note that cocci titers were done in 2014-2016 and were negative. No titer was done in 2017.

Gross Description: There was a moderate amount of subcutaneous fat noted during necropsy and a significant amount of intrabdominal and pericardial fat. There were some mild adhesions of the subcutaneous fat over the linea alba from the previous C-section incision.

The liver had slightly rounded edges but appeared otherwise normal on gross appearance and there were no abnormalities of the gallbladder appreciated. Several sections of the liver were submitted including a section with a portion of the gallbladder attached.

The stomach, intestines, pancreas, kidneys, adrenals, spleen, and bladder appeared normal. There was a moderate amount of digesta within the stomach and intestines that was of normal consistency and appearance.

The uterus had several small adhesions over the previous C-section incision site and what appeared to be a small amount of suture material present. The ovaries and uterine horns appeared normal. Externally, mild to moderate tumescence was noted.

The lung lobes were mottled and of varying shades of pink and dark pink or red. There were numerous small (1-2 mm) multifocal white nodules throughout all lung fields. Several adhesions were present

between the right cranial lung lobe and the thoracic wall. No free fluid was present within the thorax and no exudate noted on cut cross section of the lungs. All sections of lung tissue floated in formalin. There were no gross abnormalities of the heart other than the pericardial fat previously mentioned.

The brain and a small portion of the spinal cord were removed from the skull. No gross abnormalities were appreciated.

Blood samples were collected for cocci titer and serum chemistry and complete blood count but, unfortunately, were severely clotted. Attempts to run the samples on in-house machines resulted in errors.

A small amount of CSF was collected and submitted in a cryovial. Attempts to collect joint fluid from both stifles were unsuccessful.

#### Gross Comments:

While no abnormalities of the CNS were identified, valley fever is suspected as the cause of the seizures and histopathology is pending.

#### Histological Findings:

In the cerebrum, there are regional, multifocal and coalescing pyogranulomas and granulomas with numerous giant cells, Mott cells and rare organisms consistent with *Coccidioides* sp, and the lesions cause extensive, regional effacement of neuropil. There also is regional, chronic-active, leptomeningitis. Spinal cord is unremarkable.

Lungs have diffuse congestion and edema (agonal), and two, small, alveolar nodules of granulomatous and fibrosing inflammation, and also mild to moderate perivascular, peribronchial and peribronchiolar lymphohistiocytic aggregates and pneumoconiosis.

Stomach, small intestine and large intestine have mild to moderate lamina propria infiltrate of/increase in eosinophils, lymphocytes, plasma cells, and macrophages. The small intestine has moderate villar blunting and fusion, and some regions with moderate goblet cell hyperplasia.

Sections of lymph nodes, spleen, liver (mild lobular collapse and scattered, mild lymphohistiocytic aggregates), gall bladder, heart (moderate steatosis of atria, and mild megalo- and dyskaryosis), kidneys (mild diffuse membranoproliferative change of glomeruli and focal minor interstitial lymphohistiocytic aggregate), skin with mammary gland, muscle, and pancreas are unremarkable besides stated minor changes.

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#### Final Principal Diagnosis(es):

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1. Severe, regional-multifocal-cerebral, pyogranulomas and granulomas with rare organisms consistent with *Coccidioides* sp: **Cerebral coccidioidomycosis**
  2. Mild, bi-focal, granulomatous and fibrosing pneumonia
  3. Mild to moderate, diffuse, eosinophilic, lymphoplasmacytic and histiocytic gastro-entero-colitis with enteric villar blunting and fusion, and with near-diffuse, large intestinal spirochetosis
- 
- 

#### Histology Comments:

Clinical CNS signs and demise were due to cranial Valley Fever. Additionally, the chronic lung lesions were likely from past Valley Fever as well.

Diagnosis #3, which can cause diarrhea and potentially other sequelae thereof, represents typical changes in this species in this colony, and they have been previously discussed. Changes present are consistent with food allergy/hypersensitivity/dietary intolerance/IBD. Please contact me if you wish to discuss these changes further.

Please contact any of us with any questions, comments, or concerns.

Pathologist TH/CM (gross)/RM (histo)

**From:** Robert D. Murnane  
**Sent:** Friday, April 26, 2019 12:33 PM  
**To:** Audrey Baldessari; Keith Vogel; Charlotte E. Hotchkiss; Tess House (th81@uw.edu); Carolyn Malinowski; Dean Jeffery; Kathryn A. Guerriero; Jason D. Laramore  
**Subject:** 19-056 (Z19076)  
**Attachments:** 19-056 (Z19076) histo.docx

Hi all:

Please find attached the final report on the above case.

I really don't have any good explanations why the rectal swab was positive for *Shigella* sp!!

Cheers

Bob

University of Washington  
National Primate Research Center

Accession # 19-056  
Submission Date 5 Apr 19

## DIAGNOSTIC LABORATORY NECROPSY REPORT

Requester TH Investigator Colony Animal ID # Z19076  
Species Mn Requester's Phone 5-1842

Date of Death 03/31/19 Date of Necropsy 03/31/19 Time 1330 Pathologist TH

Nutritional Condition: ☐ Adequate X Marginal ☐ Poor ☐ Obese

Other Tests Required: ☐ Sero ☐ Micro ☐ Parasit ☐ Other \_\_\_\_\_

Other Diagnostic Samples \_\_\_\_\_

Type of report: ☒ Final 26 Apr 19 ☐ Preliminary \_\_\_\_\_ ☐ Amended \_\_\_\_\_

### Clinical History:

Infant delivered overnight and found dead in the enclosure (242) when husbandry staff arrived in the morning. The dam (M03312) was sedated for her semi-annual exam on 03/25/19 and based on measurements at that time, the estimated due date was 4/30/2019. The placenta appeared normal on ultrasound and fetal heart rate at that time was normal (180 bpm). There were no significant abnormalities on the dam's exam that day. The dam is currently on fluconazole for valley fever. She was in a portable cage for previous weight loss and diarrhea cases (Biofire was positive for EPEC) and returned to her social group at the time of semi-annual exam as the cases had resolved.

The dam has a history of a natural viable births in 2012, 2014, 2015, 2016, 2017, and a fetal loss (not recovered) in October 2018. The infants born in 2012 and 2016 were endpoint at two months and one month of age, respectively.

The placenta was not recovered or found within the social group by husbandry staff that morning or by veterinary services later that day.

Microbiology of a rectal swab identified 2+ growth of *Shigella* sp.

### Gross Description:

A 0.40 kg (BCS 2/5) female *Macaca nemestrina* is presented for necropsy. The infant is in lean body condition with minimal subcutaneous and intrabdominal fat.

Externally the infant appears normal and there are no deformities or signs of trauma. A small portion (about 2 cm) of the umbilicus was attached and appeared normal; this was submitted for histopathology. A rectal swab was also collected.

Upon internal examination, the gallbladder, stomach, kidneys, adrenal glands, intestines, spleen, bladder, and reproductive organs appeared normal. The liver was slightly friable and dark red in color on

the right side, compatible with post-mortem changes (infant placed in right recumbency). The lungs were light pink to pale pink in color with darker areas noted on the right lung lobes and all lobes sank in formalin. The heart appeared normal and no free fluid was found within the thoracic cavity. The brain appeared normal on gross appearance but was mild to moderately friable.

Gross Diagnosis(es):

1. Stillbirth

Histological Findings:

Lungs are only slightly inflated and have near-diffuse, moderate, deep aspiration of amniotic cells and debris.

Sections of brain, lymph node, spleen, adipose (adequate), pancreas, liver, gall bladder, heart, kidneys, skin with umbilicus, umbilical cord, and muscle are unremarkable.

---

Final Principal Diagnosis(es):

1. Moderate, near-diffuse, deep aspiration of amniotic cells and debris with mostly uninflated lungs
- 

Histology Comments:

Amniotic cells and debris within alveoli without inflammation and minimal inflation of the lungs are consistent with agonal aspiration due to fetal distress. This finding suggests stillbirth due to dystocia, while noting this dam has had numerous viable births suggesting dystocia is less likely.

The isolation of *Shigella* sp is surprising, and could be from fecal contamination from the dam or some other monkey, or possibly there may have been a placentitis/amnionitis that was not evident in sections examined (however in such case umbilical cord inflammation would be expected and was not present).

Please contact either of us with any questions, comments or concerns.

Pathologist TH (gross)/RM (histo)

**From:** Robert D. Murnane  
**Sent:** Monday, April 15, 2019 10:27 AM  
**To:** Audrey Baldessari; Sally Thompson-Iritani; Keith Vogel; Charlotte E. Hotchkiss;  
Jason D. Laramore; Dean Jeffery; Kathryn A. Guerriero; Tess House (th81@uw.edu);  
Carolyn Malinowski  
**Subject:** 19-061 (Z07023)  
**Attachments:** 19-061 (Z07023) gross.docx

Hi all:

Please find attached a draft of the gross report on the above animal.

Please contact me with any questions, comments, concerns or desired changes/additions.

Histology will be available later this week.

Cheers  
Bob



University of Washington  
National Primate Research Center

Accession # 19-061  
Submission Date 13 Apr 19

## DIAGNOSTIC LABORATORY NECROPSY REPORT

Requester KV Investigator Colony Animal ID # Z07023  
Species Mn Requester's Phone \_\_\_\_\_

Date of Death 13 Apr 19 Date of Necropsy 13 Apr 19 Time 1630 Pathologist RM

Nutritional Condition: ☒ Adequate ☐ Marginal ☐ Poor ☐ Obese

Other Tests Required: ☐ Sero ☐ Micro ☐ Parasit ☐ Other \_\_\_\_\_

Other Diagnostic Samples Aerobic microbiology of right cranial lung lobe, kidney, liver and bladder contents

Type of report: ☐ Final ☒ Preliminary 15 Apr 19 ☐ Amended \_\_\_\_\_

### Clinical History:

This animal was assigned to "Breeding" and had an inguinal hernia in 2016 with ulcerated skin lesions. A hemi-castration and hernia repair was performed in Arizona 1/11/16. Also noted was a large liver in May 2016. Since 2017 he has had a slight elevation in BUN and sometimes creatinine. The animal also has been positive via bloodwork for Valley Fever and Chagas, and has received treatment for Valley Fever. His most recent semi-annual physical was on 3/22/19, and his BUN was mildly elevated, but less than it had been previously. The rest of the physical exam and the CBC were normal.

On the morning of Apr 13 the animal was found lethargic and moving very slowly, hunched forward, eyes open but not tracking movement, appeared to be slightly shocky and painful, and had fairly firm stool. Animal was sedated and exam revealed he was not bloated, respiratory rate and effort normal but vocalized when picked up from the cage after sedation. The only unusual PE finding was his left kidney was very firm and enlarged. Administered fluids SQ, started on meloxicam and enrofloxacin. Acquired blood for a CBC and chemistry before starting treatment and attempted unsuccessfully to get a urine sample. After having him out for over an hour on one dose of ketamine he was acting and sleeping quietly when we rechecked the kidney and it was now 30 to 50% of its original volume. After recovery from sedation, the animal was found dead.

CBC and chemistry revealed severe azotemia, and also elevated liver enzymes, high potassium and phosphate with low chloride, which are consistent with renal failure and liver compromise.

### Gross Description:

A 12 year old, 13.8 kg, intact male (only right testicle present however) with active reproductive tract, pig-tailed macaque is presented dead in fair to good postmortem and good nutritional (well muscled and adequate adipose stores) condition. There is mild to moderate tartar deposition on the teeth. Otherwise

there are no external lesions and the integumentary and musculoskeletal systems are grossly unremarkable.

There are moderate, multifocal, fibrous adhesions of omentum and mesentery to both kidneys. The kidneys are moderately (right) to moderately extensively (left) enlarged and friable, and on section are mottled diffusely with milky white foci. The urinary bladder has moderate amounts of white, viscous material and is devoid of urine. The left testicle is not present (past surgical sites well healed). There are no other abnormalities in the urogenital system.

The liver is moderately, diffusely enlarged and moderately friable, and there is multifocal, moderate, acute subcapsular hemorrhage. The digestive system is otherwise grossly unremarkable.

Approximately 1/3 of the cranial portion of the right cranial lung lobe is dark red, slightly firm, and with firm fibrous adhesions to the parietal pleura. The respiratory system is otherwise grossly unremarkable.

The nervous, cardiovascular, endocrine and hemic-lymphatic systems are grossly unremarkable.

Gross Diagnosis(es):

1. Severe, diffuse, subacute to chronic nephritis
2. Moderate, diffuse, hepatomegaly with possible hepatopathy
3. Focal, mild to moderate, chronic pneumonia: right cranial lung lobe
4. Possible cystitis

Gross Comments:

Demise was most notably due to the nephritis, and a bacterial cause is suspect. The hepatic lesions suggest amyloidosis, although consequences of the nephritis or other cause are also possible. If there is a cystitis present, it would likely be secondary to the nephritis. The focal pneumonia was currently clinically insignificant and may represent consequences of past Valley Fever. Further interpretations pending histology.

Representative tissues/organs preserved in formalin. Kidney, bladder contents, liver and right cranial lung lobe submitted for aerobic microbiology.

Histological Findings:

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Final Principal Diagnosis(es):

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Histology Comments:

Pathologist\_\_\_\_\_RM\_\_\_\_\_

**From:** Robert D. Murnane  
**Sent:** Thursday, April 25, 2019 2:08 PM  
**To:** Audrey Baldessari; Keith Vogel; Charlotte E. Hotchkiss; Dean Jeffery; Jason S. Ogle; Kathryn A. Guerriero; Tess House (th81@uw.edu); Carolyn Malinowski  
**Subject:** 19-061 (Z07023)  
**Attachments:** 19-061 (Z07023) histo.docx

Hello all:

Please find attached the final report on the above case.

Please contact me with any questions, comments or concerns.

Cheers

Bob

University of Washington  
National Primate Research Center

Accession # 19-061  
Submission Date 13 Apr 19

## DIAGNOSTIC LABORATORY NECROPSY REPORT

Requester KV Investigator Colony Animal ID # Z07023  
Species Mn Requester's Phone \_\_\_\_\_

Date of Death 13 Apr 19 Date of Necropsy 13 Apr 19 Time 1630 Pathologist RM

Nutritional Condition: ☒ Adequate ☐ Marginal ☐ Poor ☐ Obese

Other Tests Required: ☐ Sero ☐ Micro ☐ Parasit ☐ Other \_\_\_\_\_

Other Diagnostic Samples Aerobic microbiology of right cranial lung lobe, kidney, liver and bladder contents

Type of report: ☒ Final 25 Apr 19 ☐ Preliminary 15 Apr 19 ☐ Amended \_\_\_\_\_

### Clinical History:

This animal was assigned to "Breeding" and had an inguinal hernia in 2016 with ulcerated skin lesions. A hemi-castration and hernia repair was performed in Arizona 1/11/16. Also noted was a large liver in May 2016. Since 2017 he has had a slight elevation in BUN and sometimes creatinine. The animal also has been positive via bloodwork for Valley Fever and Chagas, and has received treatment for Valley Fever. His most recent semi-annual physical was on 3/22/19, and his BUN was mildly elevated, but less than it had been previously. The rest of the physical exam and the CBC were normal.

On the morning of Apr 13 the animal was found lethargic and moving very slowly, hunched forward, eyes open but not tracking movement, appeared to be slightly shocky and painful, and had fairly firm stool. Animal was sedated and exam revealed he was not bloated, respiratory rate and effort normal but vocalized when picked up from the cage after sedation. The only unusual PE finding was his left kidney was very firm and enlarged. Administered fluids SQ, started on meloxicam and enrofloxacin. Acquired blood for a CBC and chemistry before starting treatment and attempted unsuccessfully to get a urine sample. After having him out for over an hour on one dose of ketamine he was acting and sleeping quietly when we rechecked the kidney and it was now 30 to 50% of its original volume. After recovery from sedation, the animal was found dead.

CBC and chemistry revealed severe azotemia, and also elevated liver enzymes, high potassium and phosphate with low chloride, which are consistent with renal failure and liver compromise.

### Gross Description:

A 12 year old, 13.8 kg, intact male (only right testicle present however) with active reproductive tract, pig-tailed macaque is presented dead in fair to good postmortem and good nutritional (well muscled and adequate adipose stores) condition. There is mild to moderate tartar deposition on the teeth. Otherwise

there are no external lesions and the integumentary and musculoskeletal systems are grossly unremarkable.

There are moderate, multifocal, fibrous adhesions of omentum and mesentery to both kidneys. The kidneys are moderately (right) to moderately extensively (left) enlarged and friable, and on section are mottled diffusely with milky white foci. The urinary bladder has moderate amounts of white, viscous material and is devoid of urine. The left testicle is not present (past surgical sites well healed). There are no other abnormalities in the urogenital system.

The liver is moderately, diffusely enlarged and moderately friable, and there is multifocal, moderate, acute subcapsular hemorrhage. The digestive system is otherwise grossly unremarkable.

Approximately 1/3 of the cranial portion of the right cranial lung lobe is dark red, slightly firm, and with firm fibrous adhesions to the parietal pleura. The respiratory system is otherwise grossly unremarkable.

The nervous, cardiovascular, endocrine and hemic-lymphatic systems are grossly unremarkable.

#### Gross Diagnosis(es):

1. Severe, diffuse, subacute to chronic nephritis
2. Moderate, diffuse, hepatomegaly with possible hepatopathy
3. Focal, mild to moderate, chronic pneumonia: right cranial lung lobe
4. Possible cystitis

#### Gross Comments:

Demise was most notably due to the nephritis, and a bacterial cause is suspect. The hepatic lesions suggest amyloidosis, although consequences of the nephritis or other cause are also possible. If there is a cystitis present, it would likely be secondary to the nephritis. The focal pneumonia was currently clinically insignificant and may represent consequences of past Valley Fever. Further interpretations pending histology.

Representative tissues/organs preserved in formalin. Kidney, bladder contents, liver and right cranial lung lobe submitted for aerobic microbiology.

#### Histological Findings:

Kidneys have massive, multifocal and coalescing regions of suppuration and abscessation with necrosis and effacement of parenchyma, there are large numbers of tubular suppurative casts, and copious proliferations of rod bacteria in Bowman's spaces, tubules and free in inflammatory exudate. The acute changes are most extensive in the cortical region with only moderate granulomatous inflammation and minimal suppuration in the pelvic region. There also are multifocal, mild to moderate chronic/pre-existing changes that consist of multifocal interstitial fibrosis, lymphohistiocytic aggregates, membranoproliferative change of glomeruli diffusely, and scattered sclerotic glomeruli.

Liver has moderate to extensive and effacing, diffuse, sinusoidal amyloid deposition with overall moderate effacement of parenchyma, there also is diffuse, extensive congestion, multifocal moderate hemorrhage including subcapsular hemorrhage, and also mild lymphohistiocytic aggregates.

Stomach and duodenum have mild to moderate, multifocal, lamina propria amyloid deposition. Stomach, small intestine and large intestine have diffuse, mild to moderate, lamina propria infiltrate of/increase in lymphocytes, plasma cells with scattered Mott cells, macrophages and eosinophils. Large intestine also has multifocal, extensive spirochetosis.

The focal right cranial lung lobe lesion consists of focal/regional, moderate fibrosis with mild to moderate granulomatous infiltrate. There also is moderate perivascular, peribonchial and peribronchiolar lymphohistiocytic aggregates and pneumoconiosis.

Sections of lymph nodes, spleen (congested and focal parenchymal fibrosis), heart (mild to moderate, diffuse, megalo- and dyskaryosis and mild lipofuscinosis), aorta, gall bladder, trachea, urinary bladder (moderate submucosal lymphohistiocytic aggregates with follicle formation), pancreas, salivary gland, esophagus, thyroid glands, parathyroid gland, adrenal glands, skeletal muscle, tongue, skin with mammary gland, testicle, epididymis (mild to moderate interstitial fibrosis with mild granulomatous inflammation, and moderate, proliferative and partially occlusive arteriolar changes) and bone with marrow are unremarkable besides stated lesions.

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Final Principal Diagnosis(es):

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1. Massive, multifocal and coalescing, necrosuppurative nephritis with florid rod-bacterial proliferation (*E. coli*)
  2. Mild to extensive, multicentric, hepatic, gastric and enteric amyloid deposition: "Systemic secondary amyloidosis"
  3. Focal, moderate, fibrosing and granulomatous pneumonia: right cranial lung lobe
  4. Mild to moderate, diffuse, lymphoplasmacytic, histiocytic and eosinophilic, gastro-enterocolitis with multifocal, extensive large intestinal spirochetosis
- 
- 

Histology Comments:

Microbiology identified heavy growth of *E. coli* in kidney and bladder. Other microbiological isolates were either very low growth or growth from broth only, and thus are likely contaminants or from postmortem overgrowth.

Demise was due to the massive, acute, bacterial nephritis, and the causative agent as per microbiology and histology was *E. coli*. As per relatively minor changes in the renal pelvices, the infection is favored as being of hematogenous origin, potentially due to compromise of the enteric mucosa from the diffuse GI inflammation and also with possible contribution of mucosal compromise from amyloidosis. Also notably, secondary amyloidosis was causing moderate hepatic compromise which may have predisposed the animal to the nephritis as well.

The amyloidosis is secondary amyloidosis: secondary to mis-metabolism of acute-phase reactive proteins from a site(s) of chronic inflammation. The site of chronic inflammation potentially inducing amyloidosis in this case was the GI tract.

Diagnosis #3 may have been from past Valley Fever, although other causes are feasible. The lesion was clinically insignificant.

The inflammatory component of diagnosis #4, which can cause diarrhea and potentially other sequelae thereof (including systemic secondary amyloidosis), represents typical changes in this species in this colony, and they have been previously discussed. These changes are consistent with food allergy/hypersensitivity/dietary intolerance/IBD. Spirochetosis is also common in macaques and the causative organism are generally considered commensals.

Discussed case in detail with clinical veterinarians 18 Apr.

Please contact me with any questions, comments or concerns.

Pathologist\_\_\_\_\_RM\_\_\_\_\_

**From:** Robert D. Murnane  
**Sent:** Friday, November 1, 2019 1:26 PM  
**To:** Audrey Baldessari; wanprc\_vets@uw.edu  
**Subject:** 19-218 (Z17170)  
**Attachments:** 19-218 (Z17170) histo.docx

Hi all:

Please find attached final report on the above cases. This animal breaks the previous record for extent of dissemination....!

Cheers  
Bob



University of Washington  
National Primate Research Center

Accession # 19-218  
Submission Date 24 Oct 19

## DIAGNOSTIC LABORATORY NECROPSY REPORT

Requester CMM/KG Investigator Hotchkiss Animal ID # Z17170  
Species Mn Requester's Phone 60501

Date of Death 10/22/19 Date of Necropsy 10/22/19 Time 1300 Pathologist CMM/KG

Nutritional Condition: Adequate ☐ Marginal ☐ X Poor ☐ Obese

Other Tests Required: ☐ Sero ☐ Micro ☐ Parasit ☐ Other \_\_\_\_\_

Other Diagnostic Samples \_\_\_\_\_

Type of report: ☒ Final 1 Nov 19 ☐ Preliminary \_\_\_\_\_ ☐ Amended \_\_\_\_\_

### Clinical History:

A 2.23 kg 2.3 year old female macaca nemestrina was euthanized due to continued declining clinical condition despite aggressive veterinary treatment.

The original case for this animal was initiated on 9/11/19 when a weight loss case was opened due to decreasing body weights over the previous two weight checks during enclosure weights. The animal appeared otherwise healthy and was started on NS and vitamins with a weight recheck the following week.

On 9/20/19, the animal was sedated for a PE due to continued weight loss and favoring of the left hand. Radiographs and ROM revealed no abnormalities in the left hand. The animal was moved to 104 for monitoring of fecal output. Prescribed TX included meloxicam, cage rest, NS, and weight monitoring.

Cage side exams over the sequential 2 weeks revealed stable weight despite supportive care and improved use of the left hand.

On 10/09/19, a biscuit count was initiated due to lack of weight gain despite supportive care and NS.

On 10/11/19, the animal was noted for additional weight loss (150g). Two days later on 10/13, the animal broke with fluid feces, a fecal was collected (positive for Campylobacter) and additional TX was implemented including Azithromycin, pepto, and other GI supportive care.

On 10/14/19, the animal underwent a semi-annual exam with survey xrays. The animal was 10-12% dehydrated (given IV and SQ LRS and Vitamin B Comp) and experienced a significant weight decrease of 600g (1.64 kg). Survey xrays appeared WNL on quick inspection. CBC revealed mild leukocytosis with mild neutrophilia, moderate monocytosis, and mild anemia. Iron was prescribed. CHM revealed slight hypocalcemia, moderate hypoproteinemia and hypoalbuminemia, and moderately increased ALKP. A TB test was placed in the right eyelid and was read negative at 72 hours.

Cage side exams over the next week revealed significant dehydration daily despite daily SQ fluid therapy and oral rehydration (ensure, Pedialyte fed via syringe). During this time, fecal consistency improved. Biscuit counts over this time revealed no appetite for biscuits, but the animal was consuming nutritional support.

On 10/18/19, mirtazapine was added as an appetite stimulant.

On 10/20/19, the cocci titer came back positive for coccidiomycosis with an IgG titer of 1:64. Treatment with fluconazole was started. At this same time, a flocculant swelling (~1cm) was noted over the right eyebrow.

Re-review of xrays from the 14<sup>th</sup> revealed a lytic lesion on right rib #2 on VD, and at sternabrae #3 on lateral views.

On 10/22/19, the animal was sedated for repeat xrays and examination of the flocculant swelling over the right eye. PE revealed a BCS of 1/5, 10% dehydration, a ~1cm bony mass on the central right rib (#2) overlying the sternabrae, a ~1cm flocculant swelling over the right eyebrow with a palpable defect in the bone. Xrays revealed lytic lesions at the right rib and over the right eyebrow. Due to the presence of these lesions and the continued declining condition of the animal despite aggressive veterinary treatment, euthanasia was elected.

#### Gross Description:

The animal was in poor physical condition with no SQ or abdominal fat.

There was severe diffuse yellow-orange discoloration of the liver with multifocal white pinpoint spots present in all lobes. The liver was friable and there was an ~8mm piece of extrahepatic parenchymal tissue present on the right caudal liver lobe. The spleen had sporadic pinpoint white spots.

The left kidney was discolored and mottled tan and purple. There were multiple raised cream colored masses ~4-8mm in diameter on the cortical surface. On cut section, there was purulent discharge from one mass. The right kidney presented with similar color and 2 similar masses.

The GI tract appeared grossly normal with enlarged ileocecal lymph nodes. The reproductive tract and bladder appeared grossly normal.

There was a firm ~1cm mass present at the junction of the sternabrae and rib 2. The lungs were emphysematous and discolored with mottled purple/red/pink color with some rib impressions present in parenchymal tissue. There were occasional pinpoint military white spots in the lung parenchyma. There were multiple ~0.5-1.0 cm abscesses present along the mediastinum. The peri-bronchial lymph nodes were enlarged. There was an ~1cm mass along the upper left rib 2-3 that appeared to be an abscess with an adjacent ~0.5cm mass caudally. There was an ~8mm raised nodule at right rib 10. There was an ~0.5cm abscess in the middle of the diaphragm.

There was an ~8mm raised white lesion in the right atrium near the right auricle.

The submandibular lymph nodes were enlarged.

The flocculant mass above the right eye was an abscess with erosion of the underlying bone.

#### Gross Diagnosis(es) and Gross Comments:

Multifocal abscesses present throughout the liver, spleen, kidneys, lungs, and thoracic cavity. Single abscess above the right eye with erosion of the underlying bone. Suspect Coccidiomycosis as the cause of the abscesses. Histopathology is pending.

#### Histological Findings:

Sections/blocks labelled are as follows: 2 is axillary lymph node, 3 is inguinal lymph node, 4 is mesenteric lymph node, 5 is submandibular lymph node, 6 and 7 are pulmonary hilar, 8 is rib mass, 9 is sternal mass, and 10 is mass above the eye..

At the following locations and to the following degree there is abscessation to pyogranulomatous inflammation to pyogranuloma formation with numerous giant cells and numerous organisms consistent with *Coccidioides* sp: pulmonary hilar node with extensive effacement and enlargement of the node, associated with the rib, sternum and bone above the eye with extensive boney destruction and invasion and remodeling and also with extension into adjacent soft tissue, multifocally and moderately extensively in the liver with effacement of parenchyma, severe and multifocally in the kidneys with effacement of parenchyma, multifocally and moderately extensively in the lungs with effacement of parenchyma, adjacent to an atrium of the heart and associated with an effaced lymph node, associated with striated musculature and connective tissue from undetermined sites, associated with subcutis and bone of an undetermined site, and adjacent to the aorta.

Small and large intestine have mild to moderate, multifocal lamina propria deposition of amyloid, and small intestine also has moderate villar blunting and fusion. GI tract also has moderate, diffuse, lamina propria infiltrate of/increase in lymphocytes, plasma cells with Mott cells, macrophages and eosinophils. The large intestine has extensive ciliate overgrowth (likely *B. coli* and others).

Spleen has moderate, multifocal, follicular amyloid deposition, and also reactive endothelium. Mesenteric lymph node has moderate amyloid deposition.

Pancreas has diffuse, moderate zymogen depletion.

Sectons of lymph nodes (besides mesenteric node), brain, liver (mild lobular collapse and scattered, mild lymphohistiocytic aggregates besides lesions stated above), gall bladder, heart, kidneys (moderate diffuse membranoproliferative change of glomeruli and multifocal moderate interstitial lymphohistiocytic aggregates in addition to lesions stated above), skin with mammary gland, and muscle are unremarkable besides stated changes.

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#### Final Principal Diagnosis(es):

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1. Severe, disseminated, abscesses and pyogranulomas associated with numerous organisms consistent with *Coccidioides* sp: **Disseminated coccidioidomycosis**: lymph nodes, rib, sternum, frontal bone, liver, kidneys, and multiple other soft tissue sites
  2. Moderate, multicentric and multifocal, small intestinal, large intestinal, mesenteric lymph node and splenic follicular amyloid deposition: **Systemic secondary amyloidosis**
  3. Moderate, diffuse, eosinophilic, lymphoplasmacytic and histiocytic gastro-entero-colitis with enteric villar blunting and fusion, and with extensive large intestinal ciliate overgrowth
- 

#### Histology Comments:

Clinical signs and demise were due to disseminated Valley Fever.

The amyloidosis is secondary amyloidosis: secondary to mis-metabolism of acute-phase reactive proteins from a sites of chronic inflammation. The sites of chronic inflammation inducing amyloidosis in this case was the disseminated Valley Fever and disseminated GI tract inflammation.

The inflammatory component of diagnosis #3, which can cause diarrhea and potentially other sequelae thereof, represents typical changes in this species in this colony, and they have been previously discussed. Changes present are consistent with food allergy/hypersensitivity/dietary intolerance/IBD. The ciliate overgrowth indicates dysbiosis which could be due to past antibiotic treatments. Please contact RM if you wish to discuss these changes further.

Please contact any of us with any questions, comments, or concerns.

Pathologist CMM/KG(gross)/RM (histo)

**From:** Robert D. Murnane  
**Sent:** Thursday, December 26, 2019 1:50 PM  
**To:** Keith Vogel  
**Subject:** 19-260  
**Attachments:** 19-260 (Z16287) cyto.docx

Here it is...

University of Washington  
National Primate Research Center

Accession # 19-260  
Submission Date 11 Dec 19

### DIAGNOSTIC LABORATORY CYTOLOGY REPORT

Requester \_\_\_\_\_ Colony \_\_\_\_\_ Investigator \_\_\_\_\_ Colony \_\_\_\_\_ Animal ID # Z16287  
Species Mn Requester's Phone \_\_\_\_\_

Date of Death 11 Dec 19 Date of Necropsy 11 Dec 19 Time 1000 Pathologist AB

Nutritional Condition: ☐ Adequate ☒ Marginal ☐ Poor ☐ Obese

Other Tests Required: ☐ Sero ☐ Micro ☐ Parasit ☐ Other \_\_\_\_\_

Other Diagnostic Samples \_\_\_\_\_

Type of report: ☒ Final 12 Dec 2019 ☐ Preliminary \_\_\_\_\_ ☐ Amended \_\_\_\_\_

#### Clinical History:

This animal was assigned to Research/reserve. There is history of firm swelling in the distal left forearm / radius. Smears were made from a bone cyst. CBC shows mild anemia, monocytosis; there is hypoalbuminemia with mild hypocalcemia and hyperglobulinemia. Positive coccidioidomycosis titer.

Sample: four smears are submitted. All are stained with Wright's giemsa.

Microscopic examination: each of the smears contain sheets of predominantly neutrophils, many of which are degenerate, with fewer scattered macrophages, small lymphocytes, plasma cells and eosinophils. There are scattered variably sized spherules or portions of double contoured dark blue spherule walls, surrounded by many neutrophils.

#### Interpretation:

Neutrophilic to mixed inflammation with fungal spherules

Comments: these smears are supportive a coccidioidomycosis-related osteomyelitis.

Pathologist AB

**From:** Robert D. Murnane  
**Sent:** Friday, May 24, 2019 9:21 AM  
**To:** Sally Thompson-Iritani  
**Subject:** FW: 19-041 and 042 (Z19068 and Z14141)  
**Attachments:** 19-040 (Z19068) histo.docx; 19-041 (Z14141) histo.docx

---

**From:** Robert D. Murnane  
**Sent:** Thursday, May 9, 2019 12:20 PM  
**To:** Audrey Baldessari <aeb4@uw.edu>; Keith Vogel <vogelk@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>; Dean Jeffery <daj12@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>; Tess House (th81@uw.edu) <th81@uw.edu>; Carolyn Malinowski <cmali@uw.edu>  
**Subject:** 19-041 and 042 (Z19068 and Z14141)

Hi all:

Please find attached final reports on the above 2 cases. Interestingly, Z14141 was cerebral Valley Fever, and both animals were from the same dam who also was diagnosed clinically with Valley Fever.

Please contact me with any questions, comments or concerns.

Cheers  
Bob

University of Washington  
National Primate Research Center

Accession # 19-040  
Submission Date 20 Mar 19

## DIAGNOSTIC LABORATORY NECROPSY REPORT

Requester TH Investigator Hotchkiss Animal ID # Z19068  
Species Mn Requester's Phone 5-1842

Date of Death 03/06/19 Date of Necropsy 03/06/19 Time 1300 Pathologist TH

Nutritional Condition: ☐ Adequate ☒ Marginal ☐ Poor ☐ Obese

Other Tests Required: ☐ Sero ☐ Micro ☐ Parasit ☐ Other \_\_\_\_\_

Other Diagnostic Samples \_\_\_\_\_

Type of report: ☒ Final 9 May 19 ☒ Preliminary \_\_\_\_\_ ☐ Amended \_\_\_\_\_

### Clinical History:

Infant delivered overnight and found dead in the enclosure (181) when husbandry staff arrived in the morning. The dam (L03132) was sedated for her semi-annual exam on 03/04/19 and based on measurements at that time, the estimated due date was 03/22/19. The infant was positioned head down and the placenta appeared normal. Fetal heart rate at that time was normal as well (210 bpm). There were no significant abnormalities on the dam's exam that day other than a BCS of 4/5 and moderate dental calculus.

The dam has a history of a natural nonviable birth in 2013 and had viable births in 2014, 2015, and 2016. The dam was positive in the past for valley fever and had been on treatment until September 21<sup>st</sup>, 2018. She was discontinued from treatment after having a year of negative cocci titers. One of her previous births (infant born in 2014) is a current valley fever case.

The majority of the placenta could not be recovered from the group enclosure but very small portions of it observed in the bedding appeared normal.

### Gross Description:

A 0.48 kg (BCS 2.5/5) female *Macaca nemestrina* is presented for necropsy.

Externally there are two abrasions on the ventral abdomen and inguinal region consistent with postmortem trauma. (When the infant was removed from the group enclosure, the dam reached through the mesh to grab at the infant's rear legs.) No other signs of bruising, bleeding, or trauma noted; no breaks in the skin were identified. A small amount of dark, fluid feces was present around the rectum and a rectal swab was collected and submitted. A small portion (about 2 cm) of the umbilicus was attached and appeared normal; this was submitted for histopathology.

Upon internal examination, the liver, gallbladder, stomach, kidneys, adrenal glands, intestines, bladder, and reproductive organs appeared normal. The spleen was of normal shape, consistency, and color but



subjectively appeared slightly smaller than expected. The heart appeared normal and no free fluid was found within the thoracic cavity. The cranial left lung lobe was mottled in appearance and had areas of dark red mixed with a light cream color. No exudate was noted on cut cross section and the lobe would partially float in formalin. The remaining lung lobes on the left side and the entirety of the right side were dark red in color and sank in formalin. These lung lobes did not have exudate on cross section.

A small area (about 1 cm in diameter) of hemorrhage was noted in the left occipital region of the brain. No fractures of the cranium were noted and the skull and brain appeared otherwise normal. The cerebellum and brain stem appeared normal. There was no hematoma or bruising noted in the skin overlying the occipital region. Animal husbandry did comment that the dam was on a perch in the enclosure and dropped the deceased infant when they went to shift her to a different enclosure.

Gross Diagnosis(es):

1. Stillbirth

Histological Findings:

Lungs are uninflated and have diffuse, moderate, deep aspiration of amniotic cells and debris. There also is extensive congestion.

Sections of brain, spleen, adipose (adequate), lymph node, pancreas, liver, heart, kidneys, skin with umbilicus, and umbilical cord are unremarkable.

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Final Principal Diagnosis(es):

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1. Moderate, diffuse, deep aspiration of amniotic cells and debris with uninflated lungs
- 

Histology Comments:

Amniotic cells and debris within alveoli without inflammation and noninflation of the lungs are consistent with agonal aspiration due to fetal distress. This finding in concert with lack of other overt lesions suggests stillbirth due to dystocia.

Please contact either of us with any questions, comments or concerns.

Pathologist TH(gross)/RM (histo)

University of Washington  
National Primate Research Center

Accession # 19-041  
Submission Date 20 Mar 19

## DIAGNOSTIC LABORATORY NECROPSY REPORT

Requester TH/CM Investigator Hotchkiss Animal ID # Z14141  
Species Mn Requester's Phone 5-1842

Date of Death 03/13/19 Date of Necropsy 03/13/19 Time 1100 Pathologist TH/CM

Nutritional Condition: ☒ Adequate ☐ Marginal ☐ Poor ☐ Obese

Other Tests Required: ☐ Sero ☐ Micro ☐ Parasit ☐ Other \_\_\_\_\_

Other Diagnostic Samples CSF (cryovial)

Type of report: ☒ Final 9 May 19 ☒ Preliminary \_\_\_\_\_ ☐ Amended \_\_\_\_\_

### Clinical History:

A 4 year, 10 month old, 8.23 kg female pigtail was presented for necropsy in good condition. She was negative for valley fever on cocci titers leading up until April 16<sup>th</sup>, 2018 when she was tested at the time of semi-annual exams. She had been noted around this time for coughing and radiographs showed a moderate bronchointerstitial pattern bilaterally. She was started on an oral dose (100 mg) of fluconazole. On May 8<sup>th</sup>, 2018 she was observed favoring her right hand and had superficial abrasions on D3 and D4 and a short course of NSAIDs were added to her treatment plan. A week later, on May 15<sup>th</sup>, 2018 she was observed with bilateral epistaxis and did not want to turn her head side to side. She was removed from her social group and started on amoxicillin and a short course of prednisone. The epistaxis resolved but reluctance to turn her head was noted on May 17<sup>th</sup>, 2018. She was sedated again on May 23<sup>rd</sup> for a follow up cocci titer and full body radiographs. No evidence of compressed disc spaces, reactive bone, or spondylosis were noted, lungs appeared stable. On physical exam under sedation, there was normal ROM of the head and neck. She appeared to be improving and was returned to her social group on May 30<sup>th</sup> and continued on fluconazole. On June 21<sup>st</sup>, she was noted for audible breathing and albuterol was started as well as a short course of prednisone. A slight cough and audible breathing was noted on July 3<sup>rd</sup>, particularly when active or excited and a short course of prednisone given. On July 30<sup>th</sup> she would not come up to the front of the group enclosure to take her treatment and appeared ataxic and uncoordinated. She was sedated for an exam, blood work, and radiographs. Her lung sounds were slightly increased on inspiration on the left side but not the right and radiographic changes were mild on the left side. The CBC had a machine error and the chemistry showed a slightly decreased GGT that may have been a machine error and a low albumin (2.7). The cocci titer showed a decreased IgG (see table below). On August 27<sup>th</sup>, she was noted to be coughing again and a tapered course of prednisone was tried this time. Two days later, she was found seizing prior to receiving her morning dose of fluconazole. Leading up to the seizure, she was noted to be ataxic on the left side and tossing her left arm in a rhythmic pattern towards her chest. By the time that the vet tech had called the veterinarian, the seizure had stopped. She was given her fluconazole and a dose of oral diazepam for any refractory seizures and moved from her social group to a single cage. Shortly after being moved to the cage, she seized again and an injection of diazepam was given, which she responded to quickly. The following day (August 30<sup>th</sup>) she was sedated for another exam, blood work, cocci titer, and radiographs. Both lung fields had increased sounds on inspiration and a mild bronchointerstitial pattern

was noted (vertebrae appeared normal). There was a moderate hypoproteinemia and a mild neutrophilia. On September 25<sup>th</sup>, another seizure occurred and she was sedated for exam. There were bilateral increased lungs sounds on inspiration but no other abnormalities found on exam. A CBC showed a mild leukocytosis and the ALP was unremarkable. Pregnancy was discovered on ultrasound on this exam. The third observed seizure occurred on October 15<sup>th</sup> and long term antiepileptic medication was started. Initially daily oral diazepam was given until levetiracetam and gabapentin could be acquired. A break through seizure was noted on November 9<sup>th</sup> and responded quickly to injectable diazepam. The animal had not yet received her doses of gabapentin, levetiracetam, or fluconazole for the day when that occurred. Another break through seizure was observed on December 15<sup>th</sup> in the morning, when she had consumed about half of her morning medications and responded to an injection of diazepam. She was noted to be increasingly difficult to medicate (would try to pick out pills) so oral formulations of levetiracetam and gabapentin were obtained from a compounding pharmacy. She seemed to do better with oral liquid medications but continued to have break through seizures, with another observed on January 4<sup>th</sup> which again responded to injectable diazepam. After discussion and concerns were raised with respect to seizures and the stress of the impending labor, a C-section was elected and performed on January 10<sup>th</sup>. The surgery went smoothly and additional pain meds and antibiotics were added to her treatment plan. The infant was reintroduced following recovery but the dam would hold the infant very tightly around the neck and would not allow the infant to nurse for very long so the infant was removed. The doses of oral levetiracetam and gabapentin were adjusted as her weight changed following the pregnancy and she continued on 100 mg of fluconazole. A break through seizure was observed on March 6<sup>th</sup> which responded to injectable diazepam and endpoint set for March 13<sup>th</sup>.

Cocci	Panel Comments	IgG Titer Result	IgG Titer Value	IgM Titer Result	IgM Titer Value
1/10/19		positive (+)	1:4	negative (-)	<1:1
10/29/18		positive (+)	1:2	positive (+)	1:2
9/25/18		positive (+)	1:8	positive (+)	1:2
8/30/18		positive (+)	1:32	positive (+)	1:2
7/30/18		positive (+)	1:4	negative (-)	<1:1
5/23/18		positive (+)	1:32	positive (+)	1:2
4/16/18		positive (+)	1:16	positive (+)	1:4

Note that cocci titers were done in 2014-2016 and were negative. No titer was done in 2017.

**Gross Description:** There was a moderate amount of subcutaneous fat noted during necropsy and a significant amount of intrabdominal and pericardial fat. There were some mild adhesions of the subcutaneous fat over the linea alba from the previous C-section incision.

The liver had slightly rounded edges but appeared otherwise normal on gross appearance and there were no abnormalities of the gallbladder appreciated. Several sections of the liver were submitted including a section with a portion of the gallbladder attached.

The stomach, intestines, pancreas, kidneys, adrenals, spleen, and bladder appeared normal. There was a moderate amount of digesta within the stomach and intestines that was of normal consistency and appearance.

The uterus had several small adhesions over the previous C-section incision site and what appeared to be a small amount of suture material present. The ovaries and uterine horns appeared normal. Externally, mild to moderate tumescence was noted.

The lung lobes were mottled and of varying shades of pink and dark pink or red. There were numerous small (1-2 mm) multifocal white nodules throughout all lung fields. Several adhesions were present

between the right cranial lung lobe and the thoracic wall. No free fluid was present within the thorax and no exudate noted on cut cross section of the lungs. All sections of lung tissue floated in formalin. There were no gross abnormalities of the heart other than the pericardial fat previously mentioned.

The brain and a small portion of the spinal cord were removed from the skull. No gross abnormalities were appreciated.

Blood samples were collected for cocci titer and serum chemistry and complete blood count but, unfortunately, were severely clotted. Attempts to run the samples on in-house machines resulted in errors.

A small amount of CSF was collected and submitted in a cryovial. Attempts to collect joint fluid from both stifles were unsuccessful.

#### Gross Comments:

While no abnormalities of the CNS were identified, valley fever is suspected as the cause of the seizures and histopathology is pending.

#### Histological Findings:

In the cerebrum, there are regional, multifocal and coalescing pyogranulomas and granulomas with numerous giant cells, Mott cells and rare organisms consistent with *Coccidioides* sp, and the lesions cause extensive, regional effacement of neuropil. There also is regional, chronic-active, leptomeningitis. Spinal cord is unremarkable.

Lungs have diffuse congestion and edema (agonal), and two, small, alveolar nodules of granulomatous and fibrosing inflammation, and also mild to moderate perivascular, peribronchial and peribronchiolar lymphohistiocytic aggregates and pneumoconiosis.

Stomach, small intestine and large intestine have mild to moderate lamina propria infiltrate of/increase in eosinophils, lymphocytes, plasma cells, and macrophages. The small intestine has moderate villar blunting and fusion, and some regions with moderate goblet cell hyperplasia.

Sections of lymph nodes, spleen, liver (mild lobular collapse and scattered, mild lymphohistiocytic aggregates), gall bladder, heart (moderate steatosis of atria, and mild megalo- and dyskaryosis), kidneys (mild diffuse membranoproliferative change of glomeruli and focal minor interstitial lymphohistiocytic aggregate), skin with mammary gland, muscle, and pancreas are unremarkable besides stated minor changes.

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#### Final Principal Diagnosis(es):

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1. Severe, regional-multifocal-cerebral, pyogranulomas and granulomas with rare organisms consistent with *Coccidioides* sp: **Cerebral coccidioidomycosis**
  2. Mild, bi-focal, granulomatous and fibrosing pneumonia
  3. Mild to moderate, diffuse, eosinophilic, lymphoplasmacytic and histiocytic gastro-entero-colitis with enteric villar blunting and fusion, and with near-diffuse, large intestinal spirochetosis
- 
- 

#### Histology Comments:

Clinical CNS signs and demise were due to cranial Valley Fever. Additionally, the chronic lung lesions were likely from past Valley Fever as well.

Diagnosis #3, which can cause diarrhea and potentially other sequelae thereof, represents typical changes in this species in this colony, and they have been previously discussed. Changes present are consistent with food allergy/hypersensitivity/dietary intolerance/IBD. Please contact me if you wish to discuss these changes further.

Please contact any of us with any questions, comments, or concerns.

Pathologist TH/CM (gross)/RM (histo)

**From:** Robert D. Murnane  
**Sent:** Friday, April 26, 2019 2:15 PM  
**To:** Sally Thompson-Iritani  
**Subject:** FW: 19-056 (Z19076)  
**Attachments:** 19-056 (Z19076) histo.docx

One from ABC

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**From:** Robert D. Murnane  
**Sent:** Friday, April 26, 2019 12:33 PM  
**To:** Audrey Baldessari <aeb4@uw.edu>; Keith Vogel <vogelk@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Tess House (th81@uw.edu) <th81@uw.edu>; Carolyn Malinowski <cmali@uw.edu>; Dean Jeffery <daj12@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>  
**Subject:** 19-056 (Z19076)

Hi all:

Please find attached the final report on the above case.

I really don't have any good explanations why the rectal swab was positive for *Shigella* sp!!

Cheers  
Bob

University of Washington  
National Primate Research Center

Accession # 19-056  
Submission Date 5 Apr 19

## DIAGNOSTIC LABORATORY NECROPSY REPORT

Requester TH Investigator Colony Animal ID # Z19076  
Species Mn Requester's Phone 5-1842

Date of Death 03/31/19 Date of Necropsy 03/31/19 Time 1330 Pathologist TH

Nutritional Condition: ☐ Adequate X Marginal ☐ Poor ☐ Obese

Other Tests Required: ☐ Sero ☐ Micro ☐ Parasit ☐ Other \_\_\_\_\_

Other Diagnostic Samples \_\_\_\_\_

Type of report: ☒ Final 26 Apr 19 ☐ Preliminary \_\_\_\_\_ ☐ Amended \_\_\_\_\_

### Clinical History:

Infant delivered overnight and found dead in the enclosure (242) when husbandry staff arrived in the morning. The dam (M03312) was sedated for her semi-annual exam on 03/25/19 and based on measurements at that time, the estimated due date was 4/30/2019. The placenta appeared normal on ultrasound and fetal heart rate at that time was normal (180 bpm). There were no significant abnormalities on the dam's exam that day. The dam is currently on fluconazole for valley fever. She was in a portable cage for previous weight loss and diarrhea cases (Biofire was positive for EPEC) and returned to her social group at the time of semi-annual exam as the cases had resolved.

The dam has a history of a natural viable births in 2012, 2014, 2015, 2016, 2017, and a fetal loss (not recovered) in October 2018. The infants born in 2012 and 2016 were endpoint at two months and one month of age, respectively.

The placenta was not recovered or found within the social group by husbandry staff that morning or by veterinary services later that day.

Microbiology of a rectal swab identified 2+ growth of *Shigella* sp.

### Gross Description:

A 0.40 kg (BCS 2/5) female *Macaca nemestrina* is presented for necropsy. The infant is in lean body condition with minimal subcutaneous and intrabdominal fat.

Externally the infant appears normal and there are no deformities or signs of trauma. A small portion (about 2 cm) of the umbilicus was attached and appeared normal; this was submitted for histopathology. A rectal swab was also collected.

Upon internal examination, the gallbladder, stomach, kidneys, adrenal glands, intestines, spleen, bladder, and reproductive organs appeared normal. The liver was slightly friable and dark red in color on

the right side, compatible with post-mortem changes (infant placed in right recumbency). The lungs were light pink to pale pink in color with darker areas noted on the right lung lobes and all lobes sank in formalin. The heart appeared normal and no free fluid was found within the thoracic cavity. The brain appeared normal on gross appearance but was mild to moderately friable.

Gross Diagnosis(es):

1. Stillbirth

Histological Findings:

Lungs are only slightly inflated and have near-diffuse, moderate, deep aspiration of amniotic cells and debris.

Sections of brain, lymph node, spleen, adipose (adequate), pancreas, liver, gall bladder, heart, kidneys, skin with umbilicus, umbilical cord, and muscle are unremarkable.

---

Final Principal Diagnosis(es):

1. Moderate, near-diffuse, deep aspiration of amniotic cells and debris with mostly uninflated lungs
- 

Histology Comments:

Amniotic cells and debris within alveoli without inflammation and minimal inflation of the lungs are consistent with agonal aspiration due to fetal distress. This finding suggests stillbirth due to dystocia, while noting this dam has had numerous viable births suggesting dystocia is less likely.

The isolation of *Shigella* sp is surprising, and could be from fecal contamination from the dam or some other monkey, or possibly there may have been a placentitis/amnionitis that was not evident in sections examined (however in such case umbilical cord inflammation would be expected and was not present).

Please contact either of us with any questions, comments or concerns.

Pathologist TH (gross)/RM (histo)



**From:** Robert D. Murnane  
**Sent:** Friday, April 26, 2019 1:04 PM  
**To:** Sally Thompson-Iritani  
**Subject:** FW: 19-061 (Z07023)  
**Attachments:** 19-061 (Z07023) histo.docx

Hi Sally;

Forgot to cc you on the final report of this spontaneous death.

I assume you do not want to be cc'd on spontaneous deaths that are stillbirths or neonates in the breeding colony? If you do, let me know!

Cheers

b

---

**From:** Robert D. Murnane  
**Sent:** Thursday, April 25, 2019 2:08 PM  
**To:** Audrey Baldessari <aeb4@uw.edu>; Keith Vogel <vogelk@uw.edu>; Charlotte E. Hotchkiss <chotchk@uw.edu>; Dean Jeffery <daj12@uw.edu>; Jason S. Ogle <jogleus@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>; Tess House (th81@uw.edu) <th81@uw.edu>; Carolyn Malinowski <cmali@uw.edu>  
**Subject:** 19-061 (Z07023)

Hello all:

Please find attached the final report on the above case.

Please contact me with any questions, comments or concerns.

Cheers

Bob

University of Washington  
National Primate Research Center

Accession # 19-061  
Submission Date 13 Apr 19

## DIAGNOSTIC LABORATORY NECROPSY REPORT

Requester KV Investigator Colony Animal ID # Z07023  
Species Mn Requester's Phone

Date of Death 13 Apr 19 Date of Necropsy 13 Apr 19 Time 1630 Pathologist RM

Nutritional Condition: ☒ Adequate ☐ Marginal ☐ Poor ☐ Obese

Other Tests Required: ☐ Sero ☐ Micro ☐ Parasit ☐ Other

Other Diagnostic Samples Aerobic microbiology of right cranial lung lobe, kidney, liver and bladder contents

Type of report: ☒ Final 25 Apr 19 ☐ Preliminary 15 Apr 19 ☐ Amended

### Clinical History:

This animal was assigned to "Breeding" and had an inguinal hernia in 2016 with ulcerated skin lesions. A hemi-castration and hernia repair was performed in Arizona 1/11/16. Also noted was a large liver in May 2016. Since 2017 he has had a slight elevation in BUN and sometimes creatinine. The animal also has been positive via bloodwork for Valley Fever and Chagas, and has received treatment for Valley Fever. His most recent semi-annual physical was on 3/22/19, and his BUN was mildly elevated, but less than it had been previously. The rest of the physical exam and the CBC were normal.

On the morning of Apr 13 the animal was found lethargic and moving very slowly, hunched forward, eyes open but not tracking movement, appeared to be slightly shocky and painful, and had fairly firm stool. Animal was sedated and exam revealed he was not bloated, respiratory rate and effort normal but vocalized when picked up from the cage after sedation. The only unusual PE finding was his left kidney was very firm and enlarged. Administered fluids SQ, started on meloxicam and enrofloxacin. Acquired blood for a CBC and chemistry before starting treatment and attempted unsuccessfully to get a urine sample. After having him out for over an hour on one dose of ketamine he was acting and sleeping quietly when we rechecked the kidney and it was now 30 to 50% of its original volume. After recovery from sedation, the animal was found dead.

CBC and chemistry revealed severe azotemia, and also elevated liver enzymes, high potassium and phosphate with low chloride, which are consistent with renal failure and liver compromise.

### Gross Description:

A 12 year old, 13.8 kg, intact male (only right testicle present however) with active reproductive tract, pig-tailed macaque is presented dead in fair to good postmortem and good nutritional (well muscled and adequate adipose stores) condition. There is mild to moderate tartar deposition on the teeth. Otherwise

there are no external lesions and the integumentary and musculoskeletal systems are grossly unremarkable.

There are moderate, multifocal, fibrous adhesions of omentum and mesentery to both kidneys. The kidneys are moderately (right) to moderately extensively (left) enlarged and friable, and on section are mottled diffusely with milky white foci. The urinary bladder has moderate amounts of white, viscous material and is devoid of urine. The left testicle is not present (past surgical sites well healed). There are no other abnormalities in the urogenital system.

The liver is moderately, diffusely enlarged and moderately friable, and there is multifocal, moderate, acute subcapsular hemorrhage. The digestive system is otherwise grossly unremarkable.

Approximately 1/3 of the cranial portion of the right cranial lung lobe is dark red, slightly firm, and with firm fibrous adhesions to the parietal pleura. The respiratory system is otherwise grossly unremarkable.

The nervous, cardiovascular, endocrine and hemic-lymphatic systems are grossly unremarkable.

#### Gross Diagnosis(es):

1. Severe, diffuse, subacute to chronic nephritis
2. Moderate, diffuse, hepatomegaly with possible hepatopathy
3. Focal, mild to moderate, chronic pneumonia: right cranial lung lobe
4. Possible cystitis

#### Gross Comments:

Demise was most notably due to the nephritis, and a bacterial cause is suspect. The hepatic lesions suggest amyloidosis, although consequences of the nephritis or other cause are also possible. If there is a cystitis present, it would likely be secondary to the nephritis. The focal pneumonia was currently clinically insignificant and may represent consequences of past Valley Fever. Further interpretations pending histology.

Representative tissues/organs preserved in formalin. Kidney, bladder contents, liver and right cranial lung lobe submitted for aerobic microbiology.

#### Histological Findings:

Kidneys have massive, multifocal and coalescing regions of suppuration and abscessation with necrosis and effacement of parenchyma, there are large numbers of tubular suppurative casts, and copious proliferations of rod bacteria in Bowman's spaces, tubules and free in inflammatory exudate. The acute changes are most extensive in the cortical region with only moderate granulomatous inflammation and minimal suppuration in the pelvic region. There also are multifocal, mild to moderate chronic/pre-existing changes that consist of multifocal interstitial fibrosis, lymphohistiocytic aggregates, membranoproliferative change of glomeruli diffusely, and scattered sclerotic glomeruli.

Liver has moderate to extensive and effacing, diffuse, sinusoidal amyloid deposition with overall moderate effacement of parenchyma, there also is diffuse, extensive congestion, multifocal moderate hemorrhage including subcapsular hemorrhage, and also mild lymphohistiocytic aggregates.

Stomach and duodenum have mild to moderate, multifocal, lamina propria amyloid deposition. Stomach, small intestine and large intestine have diffuse, mild to moderate, lamina propria infiltrate of/increase in lymphocytes, plasma cells with scattered Mott cells, macrophages and eosinophils. Large intestine also has multifocal, extensive spirochetosis.

The focal right cranial lung lobe lesion consists of focal/regional, moderate fibrosis with mild to moderate granulomatous infiltrate. There also is moderate perivascular, peribonchial and peribronchiolar lymphohistiocytic aggregates and pneumoconiosis.

Sections of lymph nodes, spleen (congested and focal parenchymal fibrosis), heart (mild to moderate, diffuse, megalo- and dyskaryosis and mild lipofuscinosis), aorta, gall bladder, trachea, urinary bladder (moderate submucosal lymphohistiocytic aggregates with follicle formation), pancreas, salivary gland, esophagus, thyroid glands, parathyroid gland, adrenal glands, skeletal muscle, tongue, skin with mammary gland, testicle, epididymis (mild to moderate interstitial fibrosis with mild granulomatous inflammation, and moderate, proliferative and partially occlusive arteriolar changes) and bone with marrow are unremarkable besides stated lesions.

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Final Principal Diagnosis(es):

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1. Massive, multifocal and coalescing, necrosuppurative nephritis with florid rod-bacterial proliferation (*E. coli*)
  2. Mild to extensive, multicentric, hepatic, gastric and enteric amyloid deposition: "Systemic secondary amyloidosis"
  3. Focal, moderate, fibrosing and granulomatous pneumonia: right cranial lung lobe
  4. Mild to moderate, diffuse, lymphoplasmacytic, histiocytic and eosinophilic, gastro-enterocolitis with multifocal, extensive large intestinal spirochetosis
- 
- 

Histology Comments:

Microbiology identified heavy growth of *E. coli* in kidney and bladder. Other microbiological isolates were either very low growth or growth from broth only, and thus are likely contaminants or from postmortem overgrowth.

Demise was due to the massive, acute, bacterial nephritis, and the causative agent as per microbiology and histology was *E. coli*. As per relatively minor changes in the renal pelvices, the infection is favored as being of hematogenous origin, potentially due to compromise of the enteric mucosa from the diffuse GI inflammation and also with possible contribution of mucosal compromise from amyloidosis. Also notably, secondary amyloidosis was causing moderate hepatic compromise which may have predisposed the animal to the nephritis as well.

The amyloidosis is secondary amyloidosis: secondary to mis-metabolism of acute-phase reactive proteins from a site(s) of chronic inflammation. The site of chronic inflammation potentially inducing amyloidosis in this case was the GI tract.

Diagnosis #3 may have been from past Valley Fever, although other causes are feasible. The lesion was clinically insignificant.

The inflammatory component of diagnosis #4, which can cause diarrhea and potentially other sequelae thereof (including systemic secondary amyloidosis), represents typical changes in this species in this colony, and they have been previously discussed. These changes are consistent with food allergy/hypersensitivity/dietary intolerance/IBD. Spirochetosis is also common in macaques and the causative organism are generally considered commensals.

Discussed case in detail with clinical veterinarians 18 Apr.

Please contact me with any questions, comments or concerns.

Pathologist\_\_\_\_\_RM\_\_\_\_\_

**From:** Robert D. Murnane  
**Sent:** Thursday, May 9, 2019 1:50 PM  
**To:** cmali  
**Cc:** Tess House  
**Subject:** RE: 19-041 and 042 (Z19068 and Z14141)

If you would like to sure! What would be even better is a full manuscript describing the histology findings on all 70+ cases... If you just want to do the CNS cases, there are more than one!

Cheers  
Bob

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**From:** cmali <cmali@uw.edu>  
**Sent:** Thursday, May 9, 2019 1:44 PM  
**To:** Robert D. Murnane <rmurnane@uw.edu>  
**Cc:** Tess House <th81@uw.edu>  
**Subject:** Re: 19-041 and 042 (Z19068 and Z14141)

Should we consider doing a case report for 141? Can we get good slide images? I'm happy to work on it after boards!!!

Sent from my iPhone

On May 9, 2019, at 12:20 PM, Robert D. Murnane <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)> wrote:

Hi all:

Please find attached final reports on the above 2 cases. Interestingly, Z14141 was cerebral Valley Fever, and both animals were from the same dam who also was diagnosed clinically with Valley Fever.

Please contact me with any questions, comments or concerns.

Cheers  
Bob

<19-040 (Z19068) histo.docx>

<19-041 (Z14141) histo.docx>

**From:** Robert D. Murnane  
**Sent:** Friday, February 22, 2019 11:25 AM  
**To:** 'cmali'; rgrant  
**Cc:** cjmead2; Tess House; Audrey Baldessari  
**Subject:** RE: Case/Sample Advice

Hi all:

Another option is to make smears at ABC and then send them to Audrey for analysis. If it is Valley Fever, it is likely to show up in a smear...

Cheers  
Bob

---

**From:** cmali <cmali@uw.edu>  
**Sent:** Friday, February 22, 2019 11:22 AM  
**To:** rgrant <rgrant@uw.edu>  
**Cc:** cjmead2 <cjmead2@uw.edu>; Tess House <th81@uw.edu>; Audrey Baldessari <aeb4@uw.edu>; Robert D. Murnane <rmurnane@uw.edu>  
**Subject:** Case/Sample Advice

Hi Richard,

We have an animal that we did a joint tap in last week (see attached report) for non-weight bearing lameness in a hind limb. Unfortunately we were not able to get enough fluid for culture and sensitivity. The animal was put on treatment with NSAIDS and Antibiotics (Baytril) and is not getting better, and in fact, may be getting worse...

The original sample was sent to IDEXX and they were contacted regarding further sample submission (see email chain below). One of our differentials is localized coccidiomycosis. Also on the list is a septic joint and immune mediated arthritis. In order to rule this out, the referring pathologist suggested we do a PCR for cocci but stated that they were unable to do this at IDEXX. She also suggested testing for rickettsial diseases.

Is this something that your lab can do? If so, please let us know what samples you would like submitted, how they should be submitted, and where they should be sent to (via FEDEX?).

Any advice on the case is appreciated.

Best,  
Carolyn

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**  
Senior Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
Ph: 206.616.0501



## *Dare 2 Care...* | explore UW's Compassion Fatigue Program

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**From:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>  
**Sent:** Friday, February 22, 2019 10:38 AM  
**To:** cjmead2; cmali  
**Subject:** FW: IDEXX Results (Final): (Clt)WANPRC (Pt)Z17139 (Ord)02/14/2019

I just got off the phone with Dr. Jay and she is recommending the following:

- 1) Try to submit both slides/smears and fluid from the stifle-if it's enough to do C and S we can check that, otherwise she will look at the slides and compare it to the previous ones
- 2) Tap the opposite knee as well and submit slides on that knee
- 3) Do a cocci PCR test in case this is cocci but too localized or too early for the titer to go up (we may want to just send out a cocci titer on him to protatek anyways, she didn't know cost and availability of the PCR test for cocci-Caroline can you check the Idexx book you have to see if they have it or if we need to look elsewhere?)

She did comment that in some cases of CCL tears, she has seen neutrophilic inflammation like this but we still discussed the possibility of immune-mediated, localized valley fever, and bacterial infection not responding to therapy. She also threw out the idea of tickborne illness.

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**From:** cjmead2 <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>  
**Sent:** Thursday, February 14, 2019 11:11 AM  
**To:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>  
**Subject:** IDEXX Results (Final): (Clt)WANPRC (Pt)Z17139 (Ord)02/14/2019



**From:** Robert D. Murnane  
**Sent:** Tuesday, January 15, 2019 10:41 AM  
**To:** 'Tess House'  
**Subject:** RE: Necropsy stats  
**Attachments:** CocciCases.xlsx; Coccidioidomycosis summary by Chichester.docx

Hi Tess!

Very glad to hear your daughter is doing better; that's the most important issue!

Please see attached summaries of VF cases (one written by Lee and the other a summary of all the cases including those at SNBL); this is on the Z drive under "pathology/Coccidiodes" cases and you should have access. Let me know if this is not the case..

Cheers!  
Bob

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**From:** Tess House <th81@uw.edu>  
**Sent:** Tuesday, January 15, 2019 10:23 AM  
**To:** Robert D. Murnane <rmurnane@uw.edu>  
**Subject:** Necropsy stats

Hi Bob,

First off, I want to say that I'm sorry I missed out on the R01 meeting last week. I'm not sure if Sally had updated you, but my daughter fell very ill over the holidays and was hospitalized. She's doing better thankfully and I will be returning to the colony on Friday.

I also wanted to reach out to you to see if you knew the number of valley fever cases you've seen as primary cause of illness on necropsy from the animals in Arizona in the time before I started last year. I'm giving a short presentation tomorrow to the BCMC group that's an overview of valley fever and thought it might be nice to include that information if it was available.

Best,  
Tess

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian-Arizona Breeding Colony  
Washington National Primate Research Center  
e-mail: [th81@uw.edu](mailto:th81@uw.edu)  
office: 206-685-1842

Case/Animal	Cyto	Gender	Age (yr)	BW (kg)	Titer	Histo
11-182/M10009		M	1.5		3	Pulm/hilar
12-029/L07242	Y+	M	4.5		3.9 >1:256	Disseminated
12-045/A03165	Y+	F	9		4.63	Disseminated
12-046/M10076	Y-	F	1.8		1.98	Disseminated
12-075/L07145		F	5		5.95 >1:128	Pulm/hilar
12-146/K00006	Y+	F	12		4.6 >1:64	Disseminated
12-148/J01096		F	11		5.1	Disseminated
12-152/A10093	Y+	F	7			1:32 no nx
12-202/T01139	Y+ (12-201)	F	11		"+"	Disseminated
12-218/L01059		F	11.5		4.2	Disseminated
12-268/J07283		F	5.1		4 "+"	Hilar nodes only
13-042/A03117		F			4.3	Disseminated
13-086/M05288	Y+ (AF-)	F	7.5		4.95	Disseminated
13-222/F94229		F	19		5.8	pulm/hilar
13-247/Z11160		F	2.5		2.5	Pulm/hilar
13-251/M07157		M	6.5		9.65 lung, hilar,	Disseminated
14-025/T10145		F	3.4		2.8	Disseminated
14-042/L11122		M	2		3	Disseminated
13-199/K94371		F	19		5	Disseminated
14-057/L02019		F	12		4.4	Disseminated?
14-058/A12270		F	4 yr 8 mn		3.6 positive	Disseminated
14-071/J93343		F	20		6.8 positive	Disseminated
14-027 (K01101)		F	12		9.85	Disseminated
14-117 (R10089)	Y+	F	3y 9m		positive	Disseminated
14-131 (F94289)		F	19y 9m		7.85	Disseminated
14-196 (A03138)		F			4	1:08 lung/hilars
14-210 (A03147)	Y+	F	11		4	disseminated
14-221 (Z14022)		F	8m		1.55	disseminated
14-222 (M05035)		F	9 y 8 m		5.05	Pulm/medistinal
14-241 (R05078)		F	9y7m			disseminated
14-243 (K99167)		F	15y5m		7	1:32 disseminated
14-275 (Z12378)		F	2		3.45	disseminated
14-276 (J98301)		F				disseminated
14-279 (L10191)		F				disseminated
14-254 (A09147)		F				pulmonary and hilar
14-280 (M10150)		F				disseminated
15-002 (K10097)		F	4yr		3.5 positive	disseminated
15-001 (Z11300)		F	3 y 3 m		4.5	Disseminated
15-005 (F09084)		F	5y	4.55Kg	positive	pulmonary
15-004 (S11050)		F				disseminated
15-022 (L05125)		M	9 y	11 kg	positive	disseminated
15-061 (A12236)		F	5y	5.6kg	positive	disseminated
15-074 (A09090)		M	10y	11 kb	positive	disseminated
15-091 (Z12030)		M	3y	3.7 kg	positive	disseminated

facility	clin path changes/sites
TX	ND; resp distress
TX	monocytosis, hypoalb, hyperGb, cough/wheezing/pneumonia, amylo
TX	diarrhea, dehydration, weight loss, amyloidosis
TX	cough, purulent rt nostril dc, lesions in lung, hilar, bone; Gi and hepat
TX	cough, radiographic rt lung consolidation, larynx, trachea, GI amyloid
TX	dyspnea, wt loss, lung hilar, lvr, hepatic and splenic amyloid
TX	diarrhea, Mycobact PCR Neg; lung, spln, kidney; amyloidosis
TX	draining tract caudal left ear, increased lung opacity/hilar enlargemer
TX	dec alb, lesions in lung, mult LNs, lvr, spln, kidneys, hepatic amyloid
TX	lung, hilar, livr, spln, muscle, subQ, peritoneum; GI amyloid
TX	dehydrtd, weight loss, diarrhea, Hilar nodes only
TX	wt loss, osteomyelitis, rt lung adhesion; lesions in lung, LNs, colon, bo
TX	chr wt loss, Lung, LNs(thoracic, mesenteric), spleen, mesenteric absce
AZ	low alb, neutrophilia, mild anemia, wt loss, Lung (hilar node not speci
AZ	no chem results in arms, rel lymphocytosis (N absolute), lung, hilars, r
TX	lung, hilar, liver, kidney,
AZ	Low Alb; lung, t-b LNs, spln, GI/hep/splenic amyloid
AZ	low NaCl, Alb; neutrophilia, Campy +, wt loss, SRV+, lungs, hilar LNs, li
AZ	high Cl and ALP; lung, hilar and mes LNs, liver, spleen; gi amyloid
AZ	Inc plts, Hct 35.7%, dec Alb 1.9/TP 5, pulm/tracheal spherules; GI, live
AZ	Alb 2.6, Hct 34%, GI, spln amyloidosis, lung, T-b LNs, bone, skin
AZ	lung, LN, brain - cerebellum, spleen, hepatic amyloidosis
AZ	Brain, Lung, esophageal and TB LNs
AZ	Brain, lumbar osteomyelitis, lung
AZ	liver, spleen, lung w GI amyloid
AZ	lungs, hilar nodes
AZ	lung, LNs, liver, GI amyloid
AZ	lung, LNs, liver, kidney, muscle, GI amyloid
AZ	lung, LN with GI, hepatic and splenic amyloid
AZ	lung, LN (hilar, mesenteric), kidneys
AZ	lung, LN, liver, GI, splenic amyloid
AZ	lung, LNs, kidney, thoracic spine
AZ	lung, LNs, kidney, subcutis and mammary, liver, panc, mes LNs, hepat
AZ	skin (max), tibial bone, lung/LN, hepatic amyloidosis
TX	lung, mediastinal LNs
AZ	skin and bone of skull, lung, LNs hilar, enteric and splenic amyloid
AZ	lungs, hilar nodes, diaphragm, kidney
AZ	lung, hilars, liver, kidney, brain, GI and splenic amyloid
AZ	lung, hilar LNs, hepatic, GI, splenic and LN amyloidosis
AZ	wt loss, enlarged liver'spleen, interstitial lung pattern(fungal)
TX	lungs, heart, kidneys, thyroid, liver, brain, pituitary, spleen
AZ	lungs, skin, subQ, liver, kidney, brain, nodes
AZ	lungs, hilar nodes, liver
TX	lungs, hilar nodes, brain, heart, kidneys, salivary gland

pulm, hilar  
Lvr, Spln, Lung, hilars, pancreas  
Lvr, Spln, Lung, hilars, epicardium  
ic amyloidosis,

nt - still alive Feb '15

cocci titer negative as of Jul 2015

ne; gi amyloid  
:ss GI/spln amyloid  
fied)  
rectal prolapse and g-e-colitis

(hypothermia)  
iver, spln; GI amyloid

er and splenic amyloidosis

:ic and splenic amyloidosis

wt loss, diarrhea, leukocytosis, anemia

normal CBC, inc ALP

neutrophilia, monocytosis, anemia, thrombocytosis, llow alb  
alb 1.2, TP 8.6, elevated ALP, neutrophilic, monocytosis, anemia

15-098 (R07294)	F	7y	4.1kb	positive	pulmonary hilar
15-112 (K00277)	F	14y	9.1 kg	positive	disseminated
15-200 (A09098)	F	6y	5.3 kg	positive	disseminated
15-204 (T10173)	M	4yr	5.3 kg		thoracic
15-218 (Z12032)	F	3y	3.7 kg		disseminated
15-189 (A03143)	F	13y	8kg		disseminated
15-217 (T09094)	F	6y	6.3kg	positive	pulmonary and hilar
15-254 (A12271)	F	6y	5kg	positive	disseminated
16-002 (M00327)	F	15yr	9.3kg	positive	pulmonary
15-264 (Z14363)	F	1yr	1.6kg	positive	disseminated
15-265 (A12232)	F	9yr	4.6kg	positive	disseminated
16-004 (L05209)	M	12yr	16.5 kg	positive	disseminated
16-009 (A09106)	F	7yr	5.8kg	positive	disseminated
16-010 (A10199)	F	7yr	5.8kg	positive	disseminated
16-017 (A10003)	F	8yr	6kg	positive	pulmonary and hilar
16-042 (R10008)	F	6yr	5kg	positive	Pulmonary hilar node
16-096 (K06268)	F	9yr	5kg	positive	pulmonary
16-127 (Z13336)	M	2yr	3kg	positive	disseminated
16-128 (K06194)	F	9yr	7kg	positive	disseminated
16-170 (L00258)	F	15yr	4kg	positive	pulmonary
17-013 (M10121)	F	6yr	6.2kg	positive	pulmonary, hilar
17-252 (A10029)	F	9 yr	6 kg	positive	disseminated
18-009 (Z16027)	F	1yr	2.4 kg	positive	disseminated

AZ	hilar nodes, esophageal wall
AZ	skin, subcutis, spine
AZ	skin/Sq, liver, lung
TX, West	thorax, lung
TX, AZ, We	thorax, lung, kidney, hilar nodes
AZ	skin, deeper tissues, thoracic cavity
AZ	lungs, trachea, hilar nodes
AZ	skin, SQ, thoracic cavity, hilar and mesenteric nodes, lungs, kidneys, h
AZ	Lung only
AZ	lung, bone/femur
AZ	lung, kidneys
TX	lung, liver, mucuous membrane (esophagus or gingiva), mesenteric a
AZ	lung, liver, skin, eyelid, eye, cranial bone, lymph nodes, liver, kidneys,
AZ	Lung, liver, cranial bone and rib, hilar nodes, spleen, kidneys, heart
AZ	lungs, pulmonary hilar nodes
AZ	Pulmonary hilar nodes only; PARTIALLY contributed to death
AZ	lungs
AZ	hilar nodes, esophageal wall, mesenteric nodes, lungs, skin and inguir
AZ	liver, lungs
AZ	lungs
AZ	lungs, hilar nodes
AZ	lungs, hilar nodes, kidneys
AZ	lungs, hilar nodes, spleen, spine

hypoalbuminemia, wt loss

heart, trachea

lipose, but mostly lung  
heart, salivary gland

lyal nodes

## **Coccidioidomycosis spp. (Valley Fever) in M. nemestrina**

### **Introduction**

Coccidioidomycosis is a dimorphic fungal organism that is found in semiarid soils of North and South America. In the United States infection caused by coccidioidomycosis spp (immitis or posadasii) the disease is commonly referred to as valley fever or San Joaquin valley fever.<sup>1-3</sup> Valley fever is contracted by inhalation of the arthroconidia form of the organism which enters the lungs and transforms into spherules which grows and proliferates.<sup>1,2</sup> It is not transmissible between animals since the arthroconidia is the infectious unit, but it exists as a spherule in the body and animals are considered a dead end host.

In humans most infections are asymptomatic or an acute mild pneumonia and managed by the immune system, but some progress to disease.<sup>2</sup> In M. nemestrina appears to be highly susceptible to disease from infection. The organism can remain restricted to the lung and cause pneumonia or may gain access to the blood stream and disseminate (typically bone, CNS, or liver). Dissemination accounts for a large percentage of cases seen in M. nemestrina.

Detection of cases is typically accomplished by routine screening for serum titers or clinical signs compatible with disease which include weight loss, coughing, neurologic signs and draining tracts. In other species higher serum titers are associated with increased risk of dissemination<sup>2,4</sup> and this subjectively appears to be true in M. nemestrina when titers are great than or equal to 1:8. Treatment is typically fluconazole administered orally for 6 months to greater than 2 years. During pregnancy the coccidioidomycosis organism is likely stimulated by the hormonal changes and normal immunosuppression that may complicate management in a breeding colony.<sup>5,6</sup> Humane endpoints must be strongly considered in many cases because M. nemestrina has a more severe disease progression than is seen in other species.

### **Identification**

Identification of infected animals, with or without clinical signs, is best accomplished by serologic titers. The standard methodology in veterinary species and most common used in humans is agar gel immunodiffusion (AGID).<sup>4</sup> Other methods used in human diagnostic labs include tube precipitin method, latex agglutination, or enzyme immunoassay (EIA), but the latex agglutination and EIA's are known to have high false positive rates.<sup>2</sup> Results are reported as a titer to both IgM and IgG which helps to understand how recent the infection occurred, prognosis and monitoring of treatment course.<sup>2,4</sup>

Clinical signs of valley fever are generally weight loss, diarrhea, decreasing body condition and/or coughing. Clinical pathology changes that subjectively appear to be associated with disease are hyperglobulinemia, hypoalbuminemia, and monocytosis. More severe clinical signs that have been seen before more aggressive management was taken: Paresis from presumed meningitis which has been successfully treated as long as there was no animal welfare concerns. Bone lesions do not appear to respond well to treatment, based on experience amputation is



not recommended (human literature is mixed on this) and should be euthanized as a humane endpoint. Draining tracts from solid organs (liver, mesenteric lymph nodes, bones) do not appear to respond well to treatment and should be euthanized as a humane endpoint.

## Research implications

Coccidioidomycosis has the potential to confound research through its effect on the immune system, treatment required to manage, risk of recrudescence during immunosuppressed and morbidity/mortality from disease.

In humans the response of the various components of the immune system to coccidioidomycosis is as follows:

- Polymorphonuclear leukocytes – Phagocytose arthroconidia with poor success in killing the fungus. Once arthroconidia convert to spherules they are even more resistant to killing.<sup>1</sup>
- Macrophages – Can phagocytose arthroconidia and spherules, but efficacy at killing debatable dependant on methods used to determine kill. In-vitro killing is enhanced by T-lympocytes and gamma interferon (IFN- $\gamma$ ).<sup>1,7</sup>
- Cytokines – Typical pro-inflammatory melee of cytokines includes IFN- $\gamma$ , IL-2, IL6 and TNF- $\alpha$ .<sup>1,7</sup>

## Murine models

- BALB/c is most susceptible and DBA/2 is the most resistant to experimental infection. This phenotype is attributed to a single gene, Cms1.<sup>1,7</sup>
- Pretreating with IFN- $\gamma$  before infection provides protection in BALB/c.<sup>1</sup>

## Eradication and mitigation

The primary means of mitigation is to prevent exposure since the infectious dose is 1 and a lethal dose as low as 10 anthroconidia<sup>3</sup>. Housing animals in endemic areas requires indoor housing with HEPA filtration which can effectively remove the arthroconidia that are ~2.5 to 6  $\mu$ m in size<sup>1</sup>. If potential exposure has occurred we have found screening animals after transport at the end of a 30-60 day quarantine an appropriate method for exclusion from research assignment.

Eradication is only accomplished by removal of the animal population from exposure to prevent further infections. Infected animals can be treated and maintained in the breeding colony to manage disease without risk to other animals since it is not transmissible between animals. Eradication will eventually happen through attrition either through finding appropriate assignment of infected animal, progression of disease resulting in a humane endpoint or other reasons for removal from the breeding colony.

Treatment of animals does not risk creating a resistant strain of coccidioidomycosis that could be spread. This is due to the animal being a dead end host and the infectious arthroconidia not being present in the animal after infection. If resistance were to occur euthanasia as a humane endpoint would be appropriate and standard biohazard disposal methods would prevent formation of arthroconidia to allow infection from the resistant strain.

## Management

Treatment is currently accomplished by administration of fluconazole primarily in one of two forms. Tablets may be administered at a dose of 10-20mg/kg orally once per day or through provision of feed that has fluconazole integrated at a rate of 750ppm resulting in a dose of 15mg/kg/day based on 2% of body weight daily feed consumption. Additional methods used include fluconazole paste dosed the same as the tablets. Treatment usually requires 6 months to more than two years of fluconazole administration. Discontinuation of treatment should consider having multiple negative titers a month or 2 apart, recurrence/reinfection risk and social status. The social status and recurrence/reinfection risk have led to continued treatment of animals in stable social groups being treated using the feed rather than disrupting the group for removal of negative animals.

Monitoring of disease progression is done through regular titers, physical exam and weights. An animal that is clinically healthy on physical exam and on treatment has usually had a titer every 3 to 6 months to monitor progression of disease. Physical exam and weights should look for signs of dissemination to bone/solid organs or wasting of body condition. Routine chest radiographs have not proven useful in diagnosis or management of valley fever in *M. nemestrina* likely related to their predilection to disseminated disease.

Screening should be done on a regular basis dependent on circumstances. Animals being prepared for shipment and after receipt to be used on study should be screened. Exposed animals should be screened based on exam findings or clinical pathology changes, but regular titers are appropriate.

Vaccination has been done with two different vaccines in the population of animals in Arizona. Both vaccines were provided by Dr. Demosthenes Pappagianis from UC Davis who is a preeminent investigator on valley fever. One is a formalin killed whole spherule that appears to be safe, but did not appear effective (our N doesn't provide adequate power if there is an effect) and publications on this in human studies only showed a reduction in mortality. The other vaccine was a T27K subunit with alum as an adjuvant that seemed to cause some skin lesions and did not appear effective (our N doesn't provide adequate power if there is an effect).

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7. Castro-Lopez, N. & Hung, C.-Y. Immune Response to Coccidioidomycosis and the Development of a Vaccine. *Microorganisms* **5**, 13 (2017).

**From:** Robert D. Murnane  
**Sent:** Friday, January 11, 2019 2:50 PM  
**To:** 'Robin J Luteyn'; Deborah L Fuller; Sally Thompson-Iritani; Audrey Baldessari; Michael J Gale; Charlotte E. Hotchkiss; Tess House; cmali  
**Cc:** Courtney A. Miller  
**Subject:** RE: Preparation of an R01 grant to study Valley Fever

Thanks Robin!

---

**From:** Robin J Luteyn <rluteyn@uw.edu>  
**Sent:** Friday, January 11, 2019 2:49 PM  
**To:** Deborah L Fuller <fullerdh@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; Robert D. Murnane <rmurnane@uw.edu>; Audrey Baldessari <aeb4@uw.edu>; Michael J Gale <mgale@uw.edu>; Charlotte E. Hotchkiss <chotcki@uw.edu>; Tess House <th81@uw.edu>; cmali <cmali@uw.edu>  
**Cc:** Courtney A. Miller <cmiller6@uw.edu>  
**Subject:** Re: Preparation of an R01 grant to study Valley Fever

Hi Dr. Fuller,  
The meeting will be held in WaNPRC's I-Wing 3rd floor conference room.

Best,  
Robin

-----  
Robin Luteyn  
DPR & CPRO, WaNPRC  
University of Washington  
[rluteyn@uw.edu](mailto:rluteyn@uw.edu)  
1 (206) 685-7159

---

**From:** Deborah L Fuller <fullerdh@uw.edu>  
**Sent:** Friday, January 11, 2019 2:45 PM  
**To:** Robin J Luteyn; Sally Thompson-Iritani; Robert D. Murnane; Audrey Baldessari; Michael J Gale; Charlotte E. Hotchkiss; Tess House; cmali  
**Subject:** Re: Preparation of an R01 grant to study Valley Fever

I'm on campus and can come to the meeting room. Is there a room people are meeting in or is it all being done by TC?

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Robin J Luteyn <[rluteyn@uw.edu](mailto:rluteyn@uw.edu)>

Date: 12/27/18 11:59 (GMT-08:00)

To: Deborah L Fuller <[fullerdh@uw.edu](mailto:fullerdh@uw.edu)>, Sally Thompson-Iritani <[sti2@uw.edu](mailto:sti2@uw.edu)>, "Robert D. Murnane" <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)>, Audrey Baldessari <[aeb4@uw.edu](mailto:aeb4@uw.edu)>, Michael J Gale <[mgale@uw.edu](mailto:mgale@uw.edu)>, "Charlotte E. Hotchkiss" <[chotchki@uw.edu](mailto:chotchki@uw.edu)>, Tess House <[th81@uw.edu](mailto:th81@uw.edu)>, cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>  
Cc: Deb Diamond <[ddiamond@uw.edu](mailto:ddiamond@uw.edu)>, "Michael J. Mustari" <[mmustar@uw.edu](mailto:mmustar@uw.edu)>, "Jane W. Elliott" <[ellioj@uw.edu](mailto:ellioj@uw.edu)>, "Kathryn A. Guerriero" <[kag18@uw.edu](mailto:kag18@uw.edu)>, Keith Vogel <[vogelk@uw.edu](mailto:vogelk@uw.edu)>, Dean Jeffery <[daj12@uw.edu](mailto:daj12@uw.edu)>

Subject: Preparation of an R01 grant to study Valley Fever

Hello,

I sent an outlook calendar invite, but to cover my bases, here is the confirmation email with the pertinent meeting information.

Best,

Robin

## **R01 grant to study Valley Fever**

Fri, Jan 11, 2019 3:00 PM - 4:00 PM PST

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**You can also dial in using your phone.**

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Logon:[wanprc@uw.edu](mailto:wanprc@uw.edu) (1<sup>st</sup>) -- (alternate:[cproao@uw.edu](mailto:cproao@uw.edu) (2<sup>nd</sup>) [ordprprim8@uw.edu](mailto:ordprprim8@uw.edu) (3rd))

Password: 

**From:** Robert D. Murnane  
**Sent:** Friday, January 11, 2019 2:48 PM  
**To:** 'Deborah L Fuller'; Robin J Luteyn; Sally Thompson-Iritani; Audrey Baldessari; Michael J Gale; Charlotte E. Hotchkiss; Tess House; cmali  
**Subject:** RE: Preparation of an R01 grant to study Valley Fever

Charlotte and I are calling in from Western... Audrey will not be joining us (I spoke with her about the project already). Tess and Carolyn are in Arizona. Maybe Sally is joining? I'm not sure about that...

Cheers  
Bob

---

**From:** Deborah L Fuller <fullerdh@uw.edu>  
**Sent:** Friday, January 11, 2019 2:45 PM  
**To:** Robin J Luteyn <rluteyn@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; Robert D. Murnane <rmurnane@uw.edu>; Audrey Baldessari <aeb4@uw.edu>; Michael J Gale <mgale@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Tess House <th81@uw.edu>; cmali <cmali@uw.edu>  
**Subject:** Re: Preparation of an R01 grant to study Valley Fever

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**Cc:** Deb Diamond <ddiamond@uw.edu>, "Michael J. Mustari" <mmustar@uw.edu>, "Jane W. Elliott" <ellioj@uw.edu>, "Kathryn A. Guerriero" <kag18@uw.edu>, Keith Vogel <vogelk@uw.edu>, Dean Jeffery <daj12@uw.edu>  
**Subject:** Preparation of an R01 grant to study Valley Fever

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Robin

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**Access Code:** [REDACTED]

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<https://link.gotomeeting.com/system-check>

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To Host the Meeting click: <https://www.gotomeeting.com/>

Logon: [wanprc@uw.edu](mailto:wanprc@uw.edu) (1<sup>st</sup>) -- (alternate: [cproao@uw.edu](mailto:cproao@uw.edu) (2<sup>nd</sup>) or [dprprim8@uw.edu](mailto:dprprim8@uw.edu) (3rd))

Password: [REDACTED]

**From:** Robert D. Murnane  
**Sent:** Monday, January 14, 2019 10:46 AM  
**To:** 'Deborah L Fuller'; Robin J Luteyn; Sally Thompson-Iritani; Audrey Baldessari; Michael J Gale; Charlotte E. Hotchkiss; Tess House; cmali  
**Cc:** Courtney A. Miller  
**Subject:** RE: Preparation of an R01 grant to study Valley Fever

Hi all:

I found the animal that had a culture, and the result was *Coccidioides immitus* (which goes to show my memory is not what it used to be!). The case number was 16-009 animal A09106.

Cheers  
Bob

---

**From:** Deborah L Fuller <fullerdh@uw.edu>  
**Sent:** Friday, January 11, 2019 2:51 PM  
**To:** Robin J Luteyn <rluteyn@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; Robert D. Murnane <rmurnane@uw.edu>; Audrey Baldessari <aeb4@uw.edu>; Michael J Gale <mgale@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Tess House <th81@uw.edu>; cmali <cmali@uw.edu>  
**Cc:** Courtney A. Miller <cmiller6@uw.edu>  
**Subject:** Re: Preparation of an R01 grant to study Valley Fever

Great. Ill join you there. I'm at a seminar so will be about 5 min late.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Robin J Luteyn <rluteyn@uw.edu>  
**Date:** 1/11/19 14:49 (GMT-08:00)  
**To:** Deborah L Fuller <fullerdh@uw.edu>, Sally Thompson-Iritani <sti2@uw.edu>, "Robert D. Murnane" <rmurnane@uw.edu>, Audrey Baldessari <aeb4@uw.edu>, Michael J Gale <mgale@uw.edu>, "Charlotte E. Hotchkiss" <chotchki@uw.edu>, Tess House <th81@uw.edu>, cmali <cmali@uw.edu>  
**Cc:** "Courtney A. Miller" <cmiller6@uw.edu>  
**Subject:** Re: Preparation of an R01 grant to study Valley Fever

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Robin



-----  
Robin Luteyn  
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1 (206) 685-7159

---

**From:** Deborah L Fuller <[fullerdh@uw.edu](mailto:fullerdh@uw.edu)>

**Sent:** Friday, January 11, 2019 2:45 PM

**To:** Robin J Luteyn; Sally Thompson-Iritani; Robert D. Murnane; Audrey Baldessari; Michael J Gale; Charlotte E. Hotchkiss; Tess House; cmali

**Subject:** Re: Preparation of an R01 grant to study Valley Fever

I'm on campus and can come to the meeting room. Is there a room people are meeting in or is it all being done by TC?

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Robin J Luteyn <[rluteyn@uw.edu](mailto:rluteyn@uw.edu)>

**Date:** 12/27/18 11:59 (GMT-08:00)

**To:** Deborah L Fuller <[fullerdh@uw.edu](mailto:fullerdh@uw.edu)>, Sally Thompson-Iritani <[sti2@uw.edu](mailto:sti2@uw.edu)>, "Robert D. Murnane" <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)>, Audrey Baldessari <[aeb4@uw.edu](mailto:aeb4@uw.edu)>, Michael J Gale <[mgale@uw.edu](mailto:mgale@uw.edu)>,

"Charlotte E. Hotchkiss" <[chotchki@uw.edu](mailto:chotchki@uw.edu)>, Tess House <[th81@uw.edu](mailto:th81@uw.edu)>, cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>

**Cc:** Deb Diamond <[ddiamond@uw.edu](mailto:ddiamond@uw.edu)>, "Michael J. Mustari" <[mmustar@uw.edu](mailto:mmustar@uw.edu)>, "Jane W. Elliott" <[ellioj@uw.edu](mailto:ellioj@uw.edu)>,"Kathryn A. Guerriero" <[kag18@uw.edu](mailto:kag18@uw.edu)>, Keith Vogel <[vogelk@uw.edu](mailto:vogelk@uw.edu)>, Dean

Jeffery <[daj12@uw.edu](mailto:daj12@uw.edu)>

**Subject:** Preparation of an R01 grant to study Valley Fever

Hello,

I sent an outlook calendar invite, but to cover my bases, here is the confirmation email with the pertinent meeting information.

Best,

Robin

## R01 grant to study Valley Fever

Fri, Jan 11, 2019 3:00 PM - 4:00 PM PST

**Please join my meeting from your computer, tablet or smartphone.**

<https://global.gotomeeting.com/join/786452605>

**You can also dial in using your phone.**

United States: +1 (872) 240-3412

**Access Code:**



First GoToMeeting? Let's do a quick system check:

<https://link.gotomeeting.com/system-check>

---

To Host the Meeting click:<https://www.gotomeeting.com/>

Logon:[wanprc@uw.edu](mailto:wanprc@uw.edu) (1<sup>st</sup>) -- (alternate:[cproao@uw.edu](mailto:cproao@uw.edu) (2<sup>nd</sup>) or [ordprprim8@uw.edu](mailto:ordprprim8@uw.edu) (3rd))

Password:



**From:** Robert D. Murnane  
**Sent:** Friday, February 1, 2019 1:04 PM  
**To:** 'rgrant'  
**Subject:** RE: Texas tissues

AND we're in the hottest spot in the world for Valley Fever!!

---

**From:** rgrant <rgrant@uw.edu>  
**Sent:** Friday, February 1, 2019 12:37 PM  
**To:** Robert D. Murnane <rmurnane@uw.edu>  
**Subject:** RE: Texas tissues

Here is a review article that has lots of useful information. On page 659 and 660 they show maps of the bugs and you can see that Texas, NM, AZ and CA all have quite a few different species that carry T cruzi. Although the one species of bug that they mention as being the most laden with T cruzi may not be in AZ. It does look like Alice TX was the highest risk at least we are moving in the right direction. If you look at the maps it's pretty amazing that we've chosen by chance some of the areas with highest risk of exposure to the bugs.

---

**From:** Robert D. Murnane <rmurnane@uw.edu>  
**Sent:** Friday, February 1, 2019 11:22 AM  
**To:** rgrant <rgrant@uw.edu>  
**Subject:** RE: Texas tissues

I didn't know that! Thanks for the edification!

Let me know what you need from us. We of course have paraffin-embedded tissues with organisms.

Cheers  
b

---

**From:** rgrant <rgrant@uw.edu>  
**Sent:** Friday, February 1, 2019 11:14 AM  
**To:** Robert D. Murnane <rmurnane@uw.edu>  
**Subject:** Re: Texas tissues

Hey Bob thanks

I guess you have not heard that we are seeing new infections coming up at NIRC. We saw a couple then decided to test them all. We think about 3% of the animals have picked it up at NIRC. at Tulane they see about 1% new infections every year but they run a cleaner operation there I think. Gotta keep those bugs away from the monkeys.

BTW. Arizona is one place in the US with the most species of bugs known to carry cruzi. So we just gotta be careful with bug control too. Especially since we're moving infected animals there.

-Richard

---

**From:** Robert D. Murnane <rmurnane@uw.edu>  
**Sent:** Friday, February 1, 2019 9:47:33 AM  
**To:** rgrant  
**Subject:** RE: Texas tissues

Hi Richard;

My you ask a lot of questions!

We moved to SNBL in 2010. As far as identifying long-term Texas residents, that should be easily done in ARMS so I would contact either Shim or Hotchkiss about that. Finding the bug in tissues is best done either in the acute stage via various means of testing blood, or in the chronic stage evaluating the heart postmortem. Other tissues infected in the chronic stage are GI tract and peripheral nervous system, but it is very difficult to identify at these sites.

We have a few cases there you can actually see the parasite in the heart, and quite a few with inflamed hearts compatible with Chagas.

Note that we are very unlikely to see it anymore in our animals since they moved to ABC, and we have not seen it at NIRC either.

Finally, we'd be happy to help you however we can!

Cheers  
Bob

---

**From:** rgrant <[rgrant@uw.edu](mailto:rgrant@uw.edu)>  
**Sent:** Thursday, January 31, 2019 1:13 PM  
**To:** Robert D. Murnane <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)>  
**Subject:** Texas tissues

Hi Bob,

We are setting up a PCR for T cruzi that we will use on the whole blood DNA samples of selected animals. I am also thinking it would be good to extract some tissue DNA from Texas animals that were housed in Texas for many years. Since the parasite takes years to start showing up in heart tissue I am wondering if there is another tissue location where it may hide out before invading the heart. Do you remember the first year that animals moved down and how I might go about finding animal tissues from long term Texas residents? If we find some tissues or current blood samples that come up PCR positive would you like to work with us to collect data on microscopic detection of the parasite through whatever methods you would use?

--Richard

**From:** Robert D. Murnane  
**Sent:** Friday, February 1, 2019 2:00 PM  
**To:** rgrant  
**Subject:** RE: Texas tissues

The management practices more than anything else have been crucial to control....

---

**From:** rgrant <rgrant@uw.edu>  
**Sent:** Friday, February 1, 2019 1:07 PM  
**To:** Robert D. Murnane <rmurnane@uw.edu>  
**Subject:** RE: Texas tissues

Right. But it's under good management now and they are taking good steps to reduce it. Looked really nice during that consortium meeting.

---

**From:** Robert D. Murnane <rmurnane@uw.edu>  
**Sent:** Friday, February 1, 2019 1:04 PM  
**To:** rgrant <rgrant@uw.edu>  
**Subject:** RE: Texas tissues

AND we're in the hottest spot in the world for Valley Fever!!

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**To:** Robert D. Murnane <rmurnane@uw.edu>  
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**Sent:** Friday, February 1, 2019 9:47:33 AM

**To:** rgrant

**Subject:** RE: Texas tissues

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Cheers

Bob

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**From:** rgrant <[rgrant@uw.edu](mailto:rgrant@uw.edu)>

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**To:** Robert D. Murnane <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)>

**Subject:** Texas tissues

Hi Bob,

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microscopic detection of the parasite through whatever methods you would use?

--Richard

**From:** Robert D. Murnane  
**Sent:** Thursday, June 13, 2019 12:00 PM  
**To:** Charlotte E. Hotchkiss  
**Subject:** RE: Z14141

Will do!!

---

**From:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>  
**Sent:** Thursday, June 13, 2019 8:20 AM  
**To:** Robert D. Murnane <[rmurnane@uw.edu](mailto:rmurnane@uw.edu)>  
**Subject:** FW: Z14141

Bob –

We have to do Virtual Grand Rounds for the NPRC consortium next week, and we figure it's been long enough since we've done Valley Fever that we can do it again. Can you please take some pretty histo pictures of this animal?

The webinar is Thursday, so if I could get something early in the week it would be super.

Thanks!  
Charlotte

---

**From:** cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>  
**Sent:** Wednesday, June 12, 2019 1:55 PM  
**To:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>  
**Cc:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>  
**Subject:** Z14141

Hi Charlotte,

Please see the path report for Z14141 (attached).  
Tess wrote a VERY thorough case history.

Bob may be able to provide you with some histo pics...

Let us know what we can help with!

Best,  
Carolyn

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**  
Senior Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
Ph: 206.616.0501

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# New valley fever cases in 131

Tuesday, March 10, 2020 11:33 AM

Subject	<b>New valley fever cases in 131</b>
From	<a href="#">Tess House</a>
To	cjmead2; aw656; cmali
Cc	Sally Thompson-Iritani; Charlotte E. Hotchkiss
Sent	Friday, October 11, 2019 7:38 AM

Good morning-

We have two new cases of valley fever in 131. One, unfortunately, is the breeder male A10229 and the other is L09006. She was a past VF case that was closed in 2018 (most recent prior positive titer was March 2017). The male has not been positive in the past, this is his first positive titer. They both have cases opened and treatment added.

There is a running list of VF cases in Teams in the VF group that will be updated as titer results roll in. The document is Valley Fever case list. The top of the document is the list of cases when I was preparing the NSAB update and the more recent additions/subtractions of cases are listed below that.

Dr. H

# Saturday 11/2

Tuesday, March 10, 2020 11:39 AM

Subject	<b>Saturday 11/2</b>
From	<a href="#">Schante M. Hodges</a>
To	cmali; Tess House; aw656
Cc	cjmead2; smintner; Danielle Parks
Sent	Saturday, November 2, 2019 3:35 PM

## AA Building:

Z19069 (Betsy) - Mild bloat, fecal output normal, and taking meds well.

DJ72 - Audible breathing observed, but not showing signs of labored breathing, wheezing heard after buprenorphine injection, taking meds well.

Z17150 - AT's wrote down on obs for coughing (new valley fever case in 121)

## AB Building:

During AM obs I observed a swollen mass on upper right cheek. Notified on-call vet. Rads taken - they are on the z-drive and entered into workflow. On-call vet drained abscess and swab sent to Idexx. She is now in AB302, TX added, will continue to monitor for discharge and swelling.

That's all for today.

Schante Hodges

Veterinary Specialist I

WaNPRC, Arizona Breeding Colony

4202 N Higley Rd.

Box 20836

Mesa, Az 85215

Shodges3@uw.edu

# El33 in 162 (L03132)

Tuesday, March 10, 2020 3:03 PM

Subject	<b>El33 in 162 (L03132)</b>
From	<u>Tess House</u>
To	Schante M. Hodges; smintner; cjmead2; Danielle Parks
Cc	cmali; aw656
Sent	Thursday, December 12, 2019 12:21 PM

Hi Team,

We pulled this girl today (was down for cocci recheck) to 142 because she was down 18% from her last body weight. She was slightly dehydrated and given fluids, vitamin B complex, Cerenia, and Onsior (old wounds on back and left hip) and we pulled samples for cbc/chem/cocci. Her heart and lungs sounded normal. We will start her on NS, probiotics, and meloxicam (ultrasound was negative) tomorrow and please let us know about her fecal output tomorrow morning. If it is abnormal, we can send a swab to Idexx.

Thanks!

Dr. H

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

# Cocci titer results from last week

Tuesday, March 10, 2020 3:03 PM

Subject	Cocci titer results from last week
From	<a href="#">Tess House</a>
To	cmali; aw656; cjmead2
Sent	Monday, December 16, 2019 8:55 AM

Hi Team,

I checked all our cocci titer results follow ups:

Z16203 stable

Z16053 IgM is improved (now negative), IgG went up slightly

Z16342 improved

Z16068 (pulled for weight loss)-negative

L03132 (EI33) now negative (but not to one year of negative titers)

Z17161 stable

Z17142 stable

Z17150 IgM and IgG have both gone up **\*recheck again in 1 month\***

L01151 IgM and IgG have both gone up **\*recheck again in 1 month\***

L09006 improved

A10229 improved

I'll add recheck reminders in the clinical calendar for Z17150 and L01151. For both of these cases I probably wouldn't have rechecked them if just the IgG went up since they are new cases but since the IgM has gone up on both I think we should follow up on these. Wouldn't be a bad idea to check chest rads on them either-I'll leave that up to you both.

Dr. H

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

# 12/16 bloodwork

Tuesday, March 10, 2020 3:03 PM

Subject	<b>12/16 bloodwork</b>
From	<a href="#">Schante M. Hodges</a>
To	cmali; Tess House; aw656
Cc	cjmead2
Sent	Monday, December 16, 2019 3:32 PM

Hello,

The cbc/chem for F09071 is now showing in panels reports. The TP did not read. Using the refractometer I got 8.0. A sample was also sent to protatek for a cocci titer.

Let me know if you have any questions. Thanks!

Schante Hodges

Veterinary Specialist I

WaNPRC, Arizona Breeding Colony

4202 N Higley Rd.

Box 20836

Mesa, Az 85215

Shodges3@uw.edu

# Re: 12/16 bloodwork

Tuesday, March 10, 2020 3:04 PM

Subject	Re: 12/16 bloodwork
From	<a href="#">cmali</a>
To	Schante M. Hodges; Tess House; aw656
Cc	<a href="#">cjmead2</a>
Sent	Tuesday, December 17, 2019 6:52 AM

Do we still have the sample? I'd like to see if we can get a creatinine value.

## Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
Ph: 206.616.0501

<http://sites.uw.edu/d2c>

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**From:** Schante M. Hodges <[shodges3@uw.edu](mailto:shodges3@uw.edu)>

**Sent:** Monday, December 16, 2019 3:32 PM

**To:** [cmali](#) <[cmali@uw.edu](mailto:cmali@uw.edu)>; Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; aw656 <[aw656@uw.edu](mailto:aw656@uw.edu)>

**Cc:** [cjmead2](#) <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>

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WaNPRC, Arizona Breeding Colony

4202 N Higley Rd.

Box 20836

Mesa, Az 85215

[Shodges3@uw.edu](mailto:Shodges3@uw.edu)

# Re: 12/16 bloodwork

Tuesday, March 10, 2020 3:05 PM

<b>Subject</b>	<b>Re: 12/16 bloodwork</b>
<b>From</b>	<a href="#">Schante M. Hodges</a>
<b>To</b>	cmali; Tess House; aw656
<b>Cc</b>	cjmead2
<b>Sent</b>	Tuesday, December 17, 2019 6:55 AM

No it was sent off for a cocci titer  
Schante Hodges  
Veterinary Specialist I  
WaNPRC, Arizona Breeding Colony  
4202 N Higley Rd.  
Box 20836  
Mesa, Az 85215  
Shodges3@uw.edu

**From:** cmali <cmali@uw.edu>  
**Sent:** Tuesday, December 17, 2019 6:52:41 AM  
**To:** Schante M. Hodges <shodges3@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>  
**Cc:** cjmead2 <cjmead2@uw.edu>  
**Subject:** Re: 12/16 bloodwork

Do we still have the sample? I'd like to see if we can get a creatinine value.

## Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
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**From:** Schante M. Hodges <shodges3@uw.edu>  
**Sent:** Monday, December 16, 2019 3:32 PM  
**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>  
**Cc:** cjmead2 <cjmead2@uw.edu>  
**Subject:** 12/16 bloodwork

Hello,



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Box 20836

Mesa, Az 85215

Shodges3@uw.edu

# FW: Protatek lab results for F09071 WaNPRC

Tuesday, March 10, 2020 3:05 PM

Subject	<b>FW: Protatek lab results for F09071 WaNPRC</b>
From	<a href="#">Tess House</a>
To	aw656; cmali
Sent	Wednesday, December 18, 2019 12:47 PM
Attachments	 219618

**From:** Cyndi Holland <cholland@pharmgate.com>

**Sent:** Wednesday, December 18, 2019 11:03 AM

**To:** Tess House <th81@uw.edu>; cjmead2 <cjmead2@uw.edu>

**Subject:** Protatek lab results for F09071 WaNPRC

### Laboratory Results

WaNPRC  
1705 NE Pacific St  
HSB 1-421 Box 357330  
Seattle, WA 98195

Case: **19-11453**  
Collection Date: 12/16/19  
Accession Date: 12/16/19  
Last Report Date: 12/18/19

UWPCAZ  
Fax: (206) 676-1710  
  
Phone: (206) 685-2881

Owner: **UWPCAZ**  
Species: Southern Pig-tailed Macaque /  
Age: 10.6 Years  
Sex: F


Case Coordinator: Dr. Cynthia Holland, PhD

### Serology

Spec #	Animal Id	Test	Interpretation	Result
1	F09071	Cocci-IgM	< 1:1	Negative
1	F09071	Cocci-IgG	< 1:1	Negative

# FW: Protatek lab results for F09071 WaNPRC

Tuesday, March 10, 2020 3:05 PM

Subject	<b>FW: Protatek lab results for F09071 WaNPRC</b>
From	<a href="#">Tess House</a>
To	cmali; aw656
Sent	Wednesday, December 18, 2019 2:49 PM
Attachments	 219618

I just added a note in the soap for this weight loss case that the cocci titer was negative.

**From:** Cyndi Holland <cholland@pharmgate.com>

**Sent:** Wednesday, December 18, 2019 11:03 AM

**To:** Tess House <th81@uw.edu>; cjmead2 <cjmead2@uw.edu>

**Subject:** Protatek lab results for F09071 WaNPRC

### Laboratory Results

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1705 NE Pacific St  
HSB 1-421 Box 357330  
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# Cocci in humans

Tuesday, March 10, 2020 3:06 PM

Subject	<b>Cocci in humans</b>
From	<u>Tess House</u>
To	Sally Thompson-Iritani
Cc	Charlotte E. Hotchkiss; cmali; aw656
Sent	Thursday, December 19, 2019 11:45 AM

Hi Sally,

I'm not seeing much on the publication side yet for data from 2019 and it sounded from the discussions with Dr. Barker that they were still gathering data at Arizona Health Services. They are suspecting that our milder summer (not mild in terms of temperature but mild in terms of rain) this year is a contributing factor. Usually the data is something AHS will try to present on at the April Cocci Study Group meeting. The meeting in 2020 will be in Tucson so it will be very interesting to hear about the unusual cases they've had on the human side.

<https://www.kold.com/2019/09/03/experts-are-seeing-an-increase-valley-fever-cases-reported-arizona-why/>

One of the more recent publications that came out was the CDC's study on air filters but this was all data from the 2015 and 2016 seasons. This was something that Dr. Barker and her grad student discussed with Carolyn and I at ABC in addition to soil samples.

<https://www.ncbi.nlm.nih.gov/pubmed/31506673>

Tess

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

# RE: Cocci in humans

Tuesday, March 10, 2020 3:06 PM

Subject	RE: Cocci in humans
From	<a href="#">Sally Thompson-Iritani</a>
To	Tess House
Cc	Charlotte E. Hotchkiss; cmali; aw656
Sent	Thursday, December 19, 2019 4:09 PM

Thank you Tess!

Sally

**From:** Tess House <th81@uw.edu>

**Sent:** Thursday, December 19, 2019 10:46 AM

**To:** Sally Thompson-Iritani <sti2@uw.edu>

**Cc:** Charlotte E. Hotchkiss <chotcki@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Cocci in humans

Hi Sally,

I'm not seeing much on the publication side yet for data from 2019 and it sounded from the discussions with Dr. Barker that they were still gathering data at Arizona Health Services. They are suspecting that our milder summer (not mild in terms of temperature but mild in terms of rain) this year is a contributing factor. Usually the data is something AHS will try to present on at the April Cocci Study Group meeting. The meeting in 2020 will be in Tucson so it will be very interesting to hear about the unusual cases they've had on the human side.

<https://www.kold.com/2019/09/03/experts-are-seeing-an-increase-valley-fever-cases-reported-arizona-why/>

One of the more recent publications that came out was the CDC's study on air filters but this was all data from the 2015 and 2016 seasons. This was something that Dr. Barker and her grad student discussed with Carolyn and I at ABC in addition to soil samples.

<https://www.ncbi.nlm.nih.gov/pubmed/31506673>

Tess

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

# Valley Fever case stats for ABC

Tuesday, March 10, 2020 3:06 PM

Subject	Valley Fever case stats for ABC
From	<a href="#">Tess House</a>
To	Jim Murphy
Cc	cmali; aw656; Charlotte E. Hotchkiss; Sally Thompson-Iritani; cjmead2; Jessica Toscano
Sent	Tuesday, December 24, 2019 11:42 AM

Hi Jim,

I just checked our numbers for the NSAB update in January and they are as follows:

- 483 animals currently in Arizona
- 44 animals (9% of colony) on fluconazole treatment
- 33 of these animals (7% of colony) is currently cocci titer positive
- 12 new cases this fall during semi-annual exams. This trend follows what has been noted in human valley fever cases this year and the summer weather/monsoon pattern is suspected to play a role (very dry summer followed by a burst of intense rain at the end of the summer).

Hopefully these numbers will stay stable (except for a change in our census) by the time the NSAB meets.

Any questions, let me know!

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# Z16342

Tuesday, March 10, 2020 11:39 AM

Subject	<b>Z16342</b>
From	<u>Schante M. Hodges</u>
To	cmali; Tess House; aw656
Cc	cjmead2; Danielle Parks; smintner
Sent	Tuesday, November 12, 2019 2:46 PM

Hello everyone,

This animal is a new valley fever case in 122. Danielle and I were discussing, and we've both had a difficult time treating her in the group. With approval from Dr. M, we are going to pull her to 104 to get her used to coming up for treatment. Once we do, I will move her in ARMS but she will need a social exemption added.

Thanks,

Schante Hodges

Veterinary Specialist I

WaNPRC, Arizona Breeding Colony

4202 N Higley Rd.


Box 20836

Mesa, Az 85215

Shodges3@uw.edu

# ABC Valley fever cases

Tuesday, March 10, 2020 3:06 PM

Subject	ABC Valley fever cases
From	<a href="#">Tess House</a>
To	Sally Thompson-Iritani; Charlotte E. Hotchkiss; cjmead2; aw656; cmali
Cc	Jessica Toscano
Sent	Tuesday, December 24, 2019 11:44 AM
Attachments	 Valley Fever upd...

Hi All-

I've updated our list of current cases and broken it down to titer negative and titer positive. I've also color coded those that came up positive at the fall semi-annual exams. I'm going to go back and also color code the spring cases so we can have that number as well so that should show up in Teams later today.

This document was uploaded to Teams but I've attached it for those not yet a part of the group or if you have any difficulties with it.

Thanks!

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

## Valley Fever updated list (12/24/19)

Current census 483 animals. 44 (9%) are on fluconazole treatment and 33 (7%) have cocci titer positive status.

### **Animals on treatment and titer negative:**

- A12264
- Z17135
- Z16005
- L03132
- Z12342
- Z14027
- A12262
- A12269
- Z11338
- F08132
- R10156

### **Animals on treatment and titer positive:**

- Z19006
- Z16358
- Z16342
- Z13067
- Z13292
- Z17142
- Z17150
- Z17161
- Z16053
- Z16203
- Z16283
- Z16341
- A10229
- L01151
- L09006
- Z14331
- K06271
- K10112
- Z13082
- L06156
- L10152
- R11037
- Z14130
- R10113

- S10114
- K07291
- K11143
- L02276
- L05311
- M11051
- R09036
- K06192
- Z12028

**Cases in red were newly diagnosed Fall 2019**

# RE: Valley Fever case stats for ABC

Tuesday, March 10, 2020 3:07 PM

Subject	RE: Valley Fever case stats for ABC
From	<a href="#">Sally Thompson-Iritani</a>
To	Tess House; Jim Murphy
Cc	cmali; aw656; Charlotte E. Hotchkiss; cjmead2; Jessica Toscano
Sent	Tuesday, December 24, 2019 12:36 PM

Thank you so much Tess - this is incredibly helpful!

Sally

**From:** Tess House <th81@uw.edu>

**Sent:** Tuesday, December 24, 2019 10:42 AM

**To:** Jim Murphy <murphyjm@uw.edu>

**Cc:** cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; cjmead2 <cjmead2@uw.edu>; Jessica Toscano <jesst393@uw.edu>

**Subject:** Valley Fever case stats for ABC

Hi Jim,

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- 483 animals currently in Arizona
- 44 animals (9% of colony) on fluconazole treatment
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# Dec 30th Jan 6th Jan 13th Schedule-updated

Tuesday, March 10, 2020 3:07 PM

Subject	Dec 30th Jan 6th Jan 13th Schedule-updated
From	<a href="#">cjmead2</a>
To	Kelly L. Carbone; Jim Murphy; Jessica Toscano; Tess House; cmali; aw656
Sent	Friday, December 27, 2019 8:19 AM
Attachments	 Dec 30 Jan 6th Jan 1...

Updated schedule-

Kelly will be moving the three adult dams from 104 to 142 during cage change out. This is to make room for the potential c-section to house in 104. This is due to we have no camera connection. So, it will need to be discussed later if the time arises. At least keep close to procedure room, if needed to monitor that introduction that way and nursery shift can check via flashlight.

**From:** cjmead2

**Sent:** Tuesday, December 24, 2019 12:50 PM

**To:** Kelly L. Carbone <kellyc29@uw.edu>; Jim Murphy <murphyjm@uw.edu>; Jessica Toscano <jesst393@uw.edu>; Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Dec 30th Jan 6th Jan 13th Schedule

If you want to look over the schedule for the next three weeks, let me know if any additions, questions, changes.

Thanks,  
Caroline

**Monday December 30th (DP SM Off @noon)**

212: Z14335 & Z14340 BWs  
212: Z14145 F/U Ultrasound  
222: A12235 F/U ultrasound  
112: Z14135 new birth Exam  
131: GR30 BW  
162: GR76 BW  
104: Z17162 F/U fecal swab

**B Bldg:**

302: Z14138 F/U fecal swab  
302: Z14244 intro to 309AB  
302: Z14126 (fast) purse string removal  
312CD-A07104 dam intro into 320CD  
302: Z14202, Z14352 intro to 309AB  
Wean two infants: 319CB Z18228-dam Z13152 & Z19047-dam Z12423 to 308AB

**Items Needed Upstairs/Downstairs A Bldg:**

Squeeze cage and two catch box  
Downstairs: catch boxes

**Tuesday December 31st (DP SM)**

142: M03312/ET71 pending fecal results and clinical clearance (check with Vets if can return to 232)  
104: IL26 (fast) cbc/chem  
142: M09202 (fast) cbc/chem  
171: Z14320 BW

**Items Needed Upstairs A Bldg:**

Squeeze cage and two catch box  
Downstairs: catch boxes  
B Bldg: Z14040/Z19291 N-H new infant exam  
B Bldg: Kelly double check cage availability in 302

**Wednesday January 1st (DP SH)**

B Bldg AB 302: Will need a cage ready to pull 317AB Z09114 (Fast 11PM pull food)  
Wednesday night for Sedation Exam and possible c-section Thursday (have ultrasound from A Bldg brought over to B Bldg)

**Thursday January 2nd (SH DP)**

**B Bldg:**

Z09114 (Fast) Exam/ultrasound & possibly C-section (recovery in 142 for infant reintroduction next day) Vet Staff  
Nursery care q2hrs first night  
104: ET63 intro back to group 242 (check with Vets)  
142: Z14331- F/U fecal swab  
104: Z16068 & Z16281 F/U fecal swab  
122/152: Vet Tech BWs (If c-section move BWs to Friday)

**Items Needed Upstairs A Bldg:**

Jerry ramp, 2-squeeze cage and two white catch box

### **Friday January 3<sup>rd</sup> (DP SM SH)**

Introduce infant to dam post c-section

104: Z19004/Z18194 wean Z19004 intro to 152, and Z18194 intro to 111 (if cleared by Vets)

104: case BWs (all animals BWs)

142: case BWs

104: IL26 fecal swab

142: ET02 fecal swab

142: EI33 (fast) cbc/chem

B Bldg-302 case BWs

Catch boxes available

### **Monday January 6<sup>th</sup> (DP SM, Jessica Off Jan 6<sup>th</sup> to 10<sup>th</sup>)**

104: Z17162 (pending fecal result intro back to 121 check w/Vets)

B Bldg: (start 8:00Am FAST-BOTH SIDES OF CAGES signage)

302: Z14138 (pending fecal result and clinical clearance post cage rest, intro back to 313CD check w/Vets)

TB Exams: 321AB, 321CD and 320AB

Items Needed B Bldg:

Jerry ramp, 2 squeeze cage, all catch boxes white and metal, 9 recovery cages

### **Tuesday January 7th (DP SM)**

B Bldg: (start 8:00Am FAST BOTH SIDES OF CAGES signage)

TB Exams: 319AB, 319CD, 318AB and 318CD

Items Needed B Bldg:

Jerry ramp, 2 squeeze cage, all catch boxes white and metal, 9 recovery cages

### **Wednesday January 8th (DP SH)**

B Bldg: (start 8:00Am FAST BOTH SIDES OF CAGES signage)

TB Exams: 1<sup>st</sup> groups 320CD (male/dam A07104) 317AB, 316AB, 316CD, 315AB, 314AB and 2nd 309AB

Items Needed B Bldg:

Jerry ramp, 2 squeeze cage, all catch boxes white and metal, 10 recovery cages

### **Thursday January 9th (SH DP)**

104: Z16068 & Z16281 pending fecal result intro back to 122 (check w/ Vets)

231: ID14/Z19289 infant F/U BWs

181: L10152 BW

121: Z17142 follow-up BW

111: Vet Tech BWs

Change out nursery cage

Items Needed Upstairs A Bldg:

Jerry ramp, 2-squeeze cage and two white catch box

### **Friday January 10th (DP SM SH off@noon)**

104/142: case BWs

142: ET02- pending fecal clearance (check with Vets if can return to 231)

B Bldg-302 case BWs



**Monday January 13<sup>th</sup> (DP SM)**

B Bldg: (start 8:00Am FAST BOTH SIDES OF CAGES signage)

TB Exams: 309CD, 313AB, 313CD and 311AB

Items Needed B Bldg:

Jerry ramp, 2 squeeze cage, all catch boxes white and metal, 9 recovery cages

**Tuesday January 14th (DP SM)**

B Bldg: (start 8:00Am FAST BOTH SIDES OF CAGES signage)

TB Exams: 311CD, 312AB, 312CD and 310AB

Items Needed B Bldg:

Jerry ramp, 2 squeeze cage, all catch boxes white and metal, 9 recovery cages

**Wednesday January 15th (DP SH)**

B Bldg: (start 8:00Am FAST BOTH SIDES OF CAGES signage)

TB Exams: these groups 1st 308AB and 308CD and 2nd 317CD

Items Needed B Bldg:

Jerry ramp, 2 squeeze cage, all catch boxes white and metal, 10 recovery cages

**Thursday January 16th (SH DP CJM)**

121/152: Vet Tech BWs

104: Z19059, Z19069, Z19052, Z19020 (intro into 152 if cleared by Vets)

104: Z18043 (fast) follow-up rads

121: Z17170 follow-up cocci titer (check with Vets if need chest rads)

131: L01151/DJ72: follow-up cocci titer (check with Vets if need chest rads)

Items Needed Upstairs A Bldg:

Jerry ramp, 2-squeeze cage and two white catch box

**Friday January 17th (DP SM SH CJM)**

104: case BWs

142: case BWs

B Bldg-302 case BW

# RE: Z16342

Tuesday, March 10, 2020 11:39 AM

Subject	<b>RE: Z16342</b>
From	<a href="#">Tess House</a>
To	cmali; aw656; cjmead2
Cc	Danielle Parks; smintner; Schante M. Hodges
Sent	Wednesday, November 13, 2019 12:46 PM

The social exemption has been added for this animal.

Thanks,  
Dr. H

**From:** Schante M. Hodges <shodges3@uw.edu>  
**Sent:** Tuesday, November 12, 2019 2:47 PM  
**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>  
**Cc:** cjmead2 <cjmead2@uw.edu>; Danielle Parks <dp546@uw.edu>; smintner <smintner@uw.edu>  
**Subject:** Z16342

Hello everyone,

This animal is a new valley fever case in 122. Danielle and I were discussing, and we've both had a difficult time treating her in the group. With approval from Dr. M, we are going to pull her to 104 to get her used to coming up for treatment. Once we do, I will move her in ARMS but she will need a social exemption added.

Thanks,

Schante Hodges  
Veterinary Specialist I  
WaNPRC, Arizona Breeding Colony  
4202 N Higley Rd.  
Box 20836  
Mesa, Az 85215  
[Shodges3@uw.edu](mailto:Shodges3@uw.edu)

# New staff orientation

Tuesday, March 10, 2020 11:40 AM

<b>Subject</b>	<b>New staff orientation</b>
<b>From</b>	<u>Tess House</u>
<b>To</b>	cmali; aw656
<b>Sent</b>	Wednesday, November 20, 2019 10:19 AM

Hi ladies,

I've reached out to Kelly about the latest ATs and when to do an orientation with them but have not yet gotten prospective dates from her. In the event that I'm not able to do this in December (and moving forward) here are the locations of the two powerpoints to review with all new staff.

Veterinary Orientation PP

Z:\Arizona\BMS & Vet Orientation (Select the Veterinary Orientation to the WaNPRC-AZ PP)

Valley Fever PP (This was something I started doing after discussing with Melinda the occ health risk/awareness of staff to VF, esp. when we have people move here from non-endemic states)

Z:\Arizona\Vet Services\Miscellaneous (Select the Valley Fever ABC Intro Presentation)


There is also a sedation powerpoint for training AT's in the same folder as the Vet orientation PP.

Any questions, let me know!

Dr. H

# Updated Pregnancy List

Tuesday, March 10, 2020 11:40 AM

Subject	<b>Updated Pregnancy List</b>
From	<a href="#">cjmead2</a>
To	Kelly L. Carbone; Jim Murphy; cmali; Tess House; aw656
Sent	Monday, November 25, 2019 6:19 AM
Attachments	 AZ Current Pregnanci...

Current for both buildings and 3 undetermined in B Bldg.

Dam Information			Pregnancy Information			
Dam (links to Breeding Summary)	Alias	Current Location (links to Move Hx)	Potential Sire	Conception Date	Due Date	Comments
<a href="#">Z09114</a>	A9W022	<a href="#">AB317A-B</a>	M03185	20/Jun/19	09/Dec/19	no pregnancy Hx from NIRC
<a href="#">Z14135</a>	G-M	<a href="#">AA112A-B-C</a>	Z13090	02/Jul/19	21/Dec/19	1st time pregnancy 2019 viable birth (18 days old FD-trauma, newly established breeder group)
<a href="#">A12268</a>	B090607	<a href="#">AA231A-B-C</a>	F01108	04/Jul/19	23/Dec/19	2014, 2015, 2016, 2017 and 2018-viable births
<a href="#">Z14040</a>		<a href="#">AB318C-D</a>	Z08084	18/Jul/19	06/Jan/20	2018 viable birth
<a href="#">M06139</a>	GM35	<a href="#">AA232A-B-C</a>	L02276	26/Jul/19	14/Jan/20	viable birth 2014, 2015, 2017 and 2018
<a href="#">Z12072</a>		<a href="#">AA241A-B-C</a>	K04170	26/Jul/19	14/Jan/20	2016 viable birth, 2017 stillborn full term and early 2018 dystocia full term fall 2018 viable birth
<a href="#">Z12182</a>	A12W011	<a href="#">AB321A-B</a>	K01241	03/Aug/19	22/Jan/20	2018 viable birth
<a href="#">Z12412</a>	09	<a href="#">AB319C-D</a>	F02420	03/Aug/19	22/Jan/20	2018 viable birth
<a href="#">Z11098</a>	A11W023	<a href="#">AB317A-B</a>	M03185	10/Aug/19	29/Jan/20	2017 viable birth
<a href="#">A03194</a>	ET57	<a href="#">AA231A-B-C</a>	F01108	11/Aug/19	30/Jan/20	2018- viable birth, 6/17 FD trauma, 9/16 spontaneous death, 9/15 and 4/14 viable births- 10/2019 early abort 1st trimester
<a href="#">Z11392</a>	A11W087	<a href="#">AB319C-D</a>		14/Aug/19	02/Feb/20	viable birth 2017, non viable spontaneous death 6/2019
<a href="#">Z12353</a>	371	<a href="#">AB302-B2</a>	F02420	14/Aug/19	02/Feb/20	2018, 2019 viable births
<a href="#">L08144</a>	ID14	<a href="#">AA231A-B-C</a>	F01108	15/Aug/19	03/Feb/20	2019 viable birth- hand reared, due to premature, 2018 stillborn, 2017 infant couple days old FD, 2016 & 2014 viable births, valley fever Tx
<a href="#">Z14244</a>	A14W026	<a href="#">AB302-C1</a>	Z12214	23/Aug/19	11/Feb/20	2019 viable birth
<a href="#">R10195</a>		<a href="#">AA241A-B-C</a>	K04170	02/Sep/19	21/Feb/20	2016 and 2017 viable births
<a href="#">Z13156</a>	D-J	<a href="#">AB319C-D</a>	F02420	09/Sep/19	28/Feb/20	2018 viable birth
<a href="#">Z14374</a>	A14W052	<a href="#">AB317C-D</a>	Z12214	10/Sep/19	29/Feb/20	Hx from NIRC first time pregnancy
<a href="#">Z12333</a>	359	<a href="#">AB318C-D</a>	Z08084	12/Sep/19	02/Mar/20	2019 viable birth July, then 1 month old spontaneous death, 2018 viable birth
<a href="#">Z13245</a>	D-Z	<a href="#">AB319C-D</a>	F02420	22/Sep/19	12/Mar/20	viable birth 2018
<a href="#">Z13304</a>	A13W031	<a href="#">AB321A-B</a>	K01241	02/Oct/19	22/Mar/20	Hx from NIRC first time pregnancy
<a href="#">Z14197</a>	A14W020	<a href="#">AB320A-B</a>	Z11389	17/Oct/19	06/Apr/20	2018 viable birth



# Cocci in humans

Tuesday, March 10, 2020 11:41 AM

Subject	<b>Cocci in humans</b>
From	<u>Tess House</u>
To	Sally Thompson-Iritani
Cc	Charlotte E. Hotchkiss; cmali; aw656
Sent	Thursday, December 19, 2019 11:45 AM

Hi Sally,

I'm not seeing much on the publication side yet for data from 2019 and it sounded from the discussions with Dr. Barker that they were still gathering data at Arizona Health Services. They are suspecting that our milder summer (not mild in terms of temperature but mild in terms of rain) this year is a contributing factor. Usually the data is something AHS will try to present on at the April Cocci Study Group meeting. The meeting in 2020 will be in Tucson so it will be very interesting to hear about the unusual cases they've had on the human side.

<https://www.kold.com/2019/09/03/experts-are-seeing-an-increase-valley-fever-cases-reported-arizona-why/>

One of the more recent publications that came out was the CDC's study on air filters but this was all data from the 2015 and 2016 seasons. This was something that Dr. Barker and her grad student discussed with Carolyn and I at ABC in addition to soil samples.

<https://www.ncbi.nlm.nih.gov/pubmed/31506673>

Tess

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Mailing address- P.O. Box 20836/Mesa, AZ 85277

# NSAB

Tuesday, March 10, 2020 11:41 AM

Subject	<b>NSAB</b>
From	<a href="#">Tess House</a>
To	cmali
Cc	Jim Murphy; aw656
Sent	Thursday, December 19, 2019 11:55 AM

Hi Dr. M-

At the Oversight committee meeting today, Sally was discussing the NSAB meeting (Jan 14<sup>th</sup>) and what updates we'll need to give. I did communicate that veterinary staff will be doing end of quarantine exams on that day (it's in the morning 8-12 Seattle time). Sally said they will want updates on the new building as well as Valley Fever since there were so many cases in the animals shipped to Seattle in July.

If we have time to meet tomorrow (otherwise after your trip home), we should sit down and talk about this.

Dr. H

Theresa (Tess) House, DVM MPH  
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# RE: Cocci in humans

Tuesday, March 10, 2020 11:42 AM

Subject	<b>RE: Cocci in humans</b>
From	<a href="#">Sally Thompson-Iritani</a>
To	Tess House
Cc	Charlotte E. Hotchkiss; cmali; aw656
Sent	Thursday, December 19, 2019 4:09 PM

Thank you Tess!

Sally

**From:** Tess House <th81@uw.edu>

**Sent:** Thursday, December 19, 2019 10:46 AM

**To:** Sally Thompson-Iritani <sti2@uw.edu>

**Cc:** Charlotte E. Hotchkiss <chotcki@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Cocci in humans

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# Valley Fever case stats for ABC

Tuesday, March 10, 2020 11:42 AM

Subject	Valley Fever case stats for ABC
From	<a href="#">Tess House</a>
To	Jim Murphy
Cc	cmali; aw656; Charlotte E. Hotchkiss; Sally Thompson-Iritani; cjmead2; Jessica Toscano
Sent	Tuesday, December 24, 2019 11:42 AM

Hi Jim,

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Any questions, let me know!

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# RE: New valley fever cases in 131

Tuesday, March 10, 2020 11:34 AM

Subject	RE: New valley fever cases in 131
From	<a href="#">Sally Thompson-Iritani</a>
To	Tess House; cjmead2; aw656; cmali
Cc	Charlotte E. Hotchkiss
Sent	Saturday, October 12, 2019 5:40 PM

Thank you Tess - that is a bummer.

Sally

**From:** Tess House <th81@uw.edu>

**Sent:** Friday, October 11, 2019 7:39 AM

**To:** cjmead2 <cjmead2@uw.edu>; aw656 <aw656@uw.edu>; cmali <cmali@uw.edu>

**Cc:** Sally Thompson-Iritani <sti2@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>

**Subject:** New valley fever cases in 131

Good morning-


We have two new cases of valley fever in 131. One, unfortunately, is the breeder male A10229 and the other is L09006. She was a past VF case that was closed in 2018 (most recent prior positive titer was March 2017). The male has not been positive in the past, this is his first positive titer. They both have cases opened and treatment added.

There is a running list of VF cases in Teams in the VF group that will be updated as titer results roll in. The document is Valley Fever case list. The top of the document is the list of cases when I was preparing the NSAB update and the more recent additions/subtractions of cases are listed below that.

Dr. H

# ABC Valley fever cases

Tuesday, March 10, 2020 11:42 AM

Subject	ABC Valley fever cases
From	<a href="#">Tess House</a>
To	Sally Thompson-Iritani; Charlotte E. Hotchkiss; cjmead2; aw656; cmali
Cc	Jessica Toscano
Sent	Tuesday, December 24, 2019 11:44 AM
Attachments	 Valley Fever upd...

Hi All-

I've updated our list of current cases and broken it down to titer negative and titer positive. I've also color coded those that came up positive at the fall semi-annual exams. I'm going to go back and also color code the spring cases so we can have that number as well so that should show up in Teams later today.

This document was uploaded to Teams but I've attached it for those not yet a part of the group or if you have any difficulties with it.

Thanks!

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

## Valley Fever updated list (12/24/19)

Current census 483 animals. 44 (9%) are on fluconazole treatment and 33 (7%) have cocci titer positive status.

### **Animals on treatment and titer negative:**

- A12264
- Z17135
- Z16005
- L03132
- Z12342
- Z14027
- A12262
- A12269
- Z11338
- F08132
- R10156

### **Animals on treatment and titer positive:**

- Z19006
- Z16358
- Z16342
- Z13067
- Z13292
- Z17142
- Z17150
- Z17161
- Z16053
- Z16203
- Z16283
- Z16341
- A10229
- L01151
- L09006
- Z14331
- K06271
- K10112
- Z13082
- L06156
- L10152
- R11037
- Z14130
- R10113

- S10114
- K07291
- K11143
- L02276
- L05311
- M11051
- R09036
- K06192
- Z12028

**Cases in red were newly diagnosed Fall 2019**

# RE: Valley Fever case stats for ABC

Tuesday, March 10, 2020 11:43 AM

Subject	RE: Valley Fever case stats for ABC
From	<a href="#">Sally Thompson-Iritani</a>
To	Tess House; Jim Murphy
Cc	cmali; aw656; Charlotte E. Hotchkiss; cjmead2; Jessica Toscano
Sent	Tuesday, December 24, 2019 12:36 PM

Thank you so much Tess - this is incredibly helpful!

Sally

**From:** Tess House <th81@uw.edu>

**Sent:** Tuesday, December 24, 2019 10:42 AM

**To:** Jim Murphy <murphyjm@uw.edu>

**Cc:** cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>; cjmead2 <cjmead2@uw.edu>; Jessica Toscano <jesst393@uw.edu>

**Subject:** Valley Fever case stats for ABC

Hi Jim,

I just checked our numbers for the NSAB update in January and they are as follows:

- 483 animals currently in Arizona
- 44 animals (9% of colony) on fluconazole treatment
- 33 of these animals (7% of colony) is currently cocci titer positive
- 12 new cases this fall during semi-annual exams. This trend follows what has been noted in human valley fever cases this year and the summer weather/monsoon pattern is suspected to play a role (very dry summer followed by a burst of intense rain at the end of the summer).

Hopefully these numbers will stay stable (except for a change in our census) by the time the NSAB meets.

Any questions, let me know!

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

# Z14331

Tuesday, March 10, 2020 11:43 AM

Subject	<b>Z14331</b>
From	<a href="#">Tess House</a>
To	cjmead2; Schante M. Hodges; smintner; Danielle Parks; cmali; aw656
Sent	Tuesday, December 31, 2019 2:59 PM

Hi All-

Danielle noted that Z14331 has some occasional stertor this afternoon. She is otherwise fine-BAR, taking pm treatments well, no respiratory distress or increased effort, no coughing. She is a valley fever case and on albuterol with her fluconazole.

If she continues to sound this way tomorrow, we will fast her Thursday evening for a sedate/hands on exam and radiographs on Friday.

Thanks!  
Dr. H



# New VF cases

Tuesday, March 10, 2020 11:46 AM

Subject	<b>New VF cases</b>
From	<a href="#">Tess House</a>
To	Schante M. Hodges; smintner
Cc	cjmead2; cmali; aw656
Sent	Monday, October 28, 2019 11:03 AM

Hi Sherri and Schante,

We have three new 122 animals that need fluconazole. They will each receive 50 mg PO SID effective today.

Please give a dose to:

- Z16053
- Z16203
- Z16342

If any of the above are too difficult to treat in group, we will need to pull them to 104 for them to learn to come up for treatments.

Thank you,  
Dr. H

# New VF Cases

Tuesday, March 10, 2020 11:47 AM

Subject	New VF Cases
From	<a href="#">cmali</a>
To	cjmead2; smintner; Schante M. Hodges
Cc	Sally Thompson-Iritani; Charlotte E. Hotchkiss; Jim Murphy; Kelly L. Carbone; aw656; Tess House
Sent	Monday, October 28, 2019 11:22 AM

Hi Team,

Unfortunately we have new VF cases...

**121:** These cases will start fluconazole tomorrow with titer recheck in 1 month. If unable to treat in group, pull to 104.

- Z17142
- Z17150
- Z17161

**103:**

- Z19006 (Matty): pneumonia case. Already on fluconazole TX. Recheck titer in 1 month

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

Supervisory Veterinarian

Washington National Primate Research Center/University of Washington

Arizona Breeding Colony

PO Box 20836, Mesa, AZ 85277

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# Re: New VF cases

Tuesday, March 10, 2020 11:47 AM

Subject	Re: New VF cases
From	<a href="#">smintner</a>
To	Tess House; Schante M. Hodges
Cc	cjmead2; cmali; aw656
Sent	Monday, October 28, 2019 2:09 PM

I was able to treat these animals. Z16203 was a little tricky. I will try to get them outside tomorrow and see how that goes.

Thanks,  
Sherri

**From:** Tess House <th81@uw.edu>

**Sent:** Monday, October 28, 2019 11:03 AM

**To:** Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>

**Cc:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** New VF cases

Hi Sherri and Schante,

We have three new 122 animals that need fluconazole. They will each receive 50 mg PO SID effective today.

Please give a dose to:

- Z16053
- Z16203
- Z16342

If any of the above are too difficult to treat in group, we will need to pull them to 104 for them to learn to come up for treatments.

Thank you,  
Dr. H

# RE: New VF cases

Tuesday, March 10, 2020 11:47 AM

Subject	RE: New VF cases
From	<a href="#">Tess House</a>
To	smintner
Cc	cjmead2; cmali; aw656; Schante M. Hodges
Sent	Monday, October 28, 2019 2:11 PM

Thanks for the update. Keep us posted on how Z16203 does. If we need to, we will pull her. Dr. H

**From:** smintner <smintner@uw.edu>  
**Sent:** Monday, October 28, 2019 2:10 PM  
**To:** Tess House <th81@uw.edu>; Schante M. Hodges <shodges3@uw.edu>  
**Cc:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>  
**Subject:** Re: New VF cases

I was able to treat these animals. Z16203 was a little tricky. I will try to get them outside tomorrow and see how that goes.

Thanks,  
Sherri

**From:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>  
**Sent:** Monday, October 28, 2019 11:03 AM  
**To:** Schante M. Hodges <[shodges3@uw.edu](mailto:shodges3@uw.edu)>; smintner <[smintner@uw.edu](mailto:smintner@uw.edu)>  
**Cc:** cjmead2 <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>; cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>; aw656 <[aw656@uw.edu](mailto:aw656@uw.edu)>  
**Subject:** New VF cases

Hi Sherri and Schante,

We have three new 122 animals that need fluconazole. They will each receive 50 mg PO SID effective today.

Please give a dose to:

- Z16053
- Z16203
- Z16342

If any of the above are too difficult to treat in group, we will need to pull them to 104 for them to learn to come up for treatments.

Thank you,  
Dr. H

# RE: Case BWs

Tuesday, March 10, 2020 11:48 AM

Subject	<b>RE: Case BWs</b>
From	<a href="#">Tess House</a>
To	Danielle Parks; cmali; aw656
Cc	cjmead2
Sent	Friday, November 1, 2019 2:31 PM

Thanks Danielle. Weights in 104 are good!

112 girls: weight loss case closed on M11094, will get 3 week recheck weights on the other two girls

221 girls: R10113 weight loss case closed (VF case still on her) and the weight is also up on CV61-no follow up weights on these two.

**From:** Danielle Parks <dp546@uw.edu>

**Sent:** Friday, November 1, 2019 2:07 PM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Cc:** cjmead2 <cjmead2@uw.edu>

**Subject:** Case BWs

Hello,

The case body weights are done and entered for AA104/AA142

Body weights have also been taken and entered for:

- Z13082 (AA112)
- Z14257 (AA112)
- M11094 (AA112)
- R10113(AA221)
- T00237 (AA221)

Thanks,

Danielle Parks  
Veterinary Specialist I  
WaNPRC, Arizona Breeding Colony  
4202 N Higley Rd.  
Box 20836  
Mesa, AZ 85215

# L01151- New VF Case, GIVE 100mg Fluconazole TODAY

Tuesday, March 10, 2020 11:48 AM

Subject	<b>L01151- New VF Case, GIVE 100mg Fluconazole TODAY</b>
From	<a href="#">cmali</a>
To	Danielle Parks; smintner; Schante M. Hodges
Cc	cjmead2; Tess House; aw656
Sent	Friday, November 1, 2019 2:50 PM

## **Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
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**From:** cjmead2 <cjmead2@uw.edu>  
**Sent:** Friday, November 1, 2019 2:40 PM  
**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>  
**Subject:** Cocci Results

L01151 IgG 1:2 and IgM neg

Z14331 IgG 1:16 IgM 1:2

# 142 Case Updates

Tuesday, March 10, 2020 11:48 AM

Subject	<b>142 Case Updates</b>
From	<a href="#">cmali</a>
To	cjmead2; smintner; Schante M. Hodges; Danielle Parks; Jim Murphy; Kelly L. Carbone; Carl L. Trivette II; Jennifer A.
Cc	Tess House; aw656
Sent	Friday, November 1, 2019 2:57 PM

## **Weekend Watch:**

- L01151/DJ72 (142): Audible wheeze present on inhalation. Please observe for respiratory abnormalities/difficulties/wheezing.

## **New TX/Cases:**

- L01151/DJ71 (142): NEW VF CASE. ADD Albuterol 10ml PO BID and Fluconazole (100mg PO SID) starting FRIDAY. If there is any difficulty giving albuterol, please let the on-call vet know and we will switch to the more concentrated form
- T10118 (142): ADD Azith starting Saturday. New diarrhea repeat case opened (social partner has fluid feces)

## **ADD to Schedule:**

- M09202 (142): 11/7 sedated PE/BCS check

## **Cleared to return to group:**

- Z14340
- L03310
- L10095, after 11/6 (when TX complete, let vets know when returning so we can schedule weight monitoring)

## **Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

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# RE: Cocci results

Tuesday, March 10, 2020 11:36 AM

Subject	<b>RE: Cocci results</b>
From	<u>Tess House</u>
To	cjmead2; cmali; aw656
Sent	Sunday, October 20, 2019 12:23 PM

Z16303, Z16068, and Z16281 are all negative.

A valley fever case was opened today on Z17170 and fluconazole started. There is a 1-1.5 cm soft, fluctuant swelling on the top of the head today.

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Saturday, October 19, 2019 1:29 PM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Cocci results

We got cocci titer result back on Z17170 IgM- negative and IgG 1:64  
I will let Dr Fuller update about, soft lump on head.

Z16303, Z16068 and Z16281 cocci result downloaded into panel reports

Caroline



# FW: 142 Case Updates

Tuesday, March 10, 2020 11:49 AM

Subject	<b>FW: 142 Case Updates</b>
From	<a href="#">cjmead2</a>
To	cmali; Tess House; aw656
Sent	Monday, November 4, 2019 6:08 AM

I can add Z14340 and ET63 to Intro Wednesday since Vet Techs should have time

L10095- I need to watch that group, due to altercations, she will be moving to new breeder group 11/14 if we want to keep her in 142 for now

**From:** cmali <cmali@uw.edu>

**Sent:** Friday, November 1, 2019 2:58 PM

**To:** cjmead2 <cjmead2@uw.edu>; smintner <smintner@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; Danielle Parks <dp546@uw.edu>; Jim Murphy <murphyjm@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>; Carl L. Trivette II <clt222@uw.edu>; Jennifer A. Falbo <jfalbo1@uw.edu>; Erika E. Evans <erikae4@uw.edu>

**Cc:** Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** 142 Case Updates

## **Weekend Watch:**

- L01151/DJ72 (142): Audible wheeze present on inhalation. Please observe for respiratory abnormalities/difficulties/wheezing.

## **New TX/Cases:**

- L01151/DJ71 (142): NEW VF CASE. ADD Albuterol 10ml PO BID and Fluconazole (100mg PO SID) starting FRIDAY. If there is any difficulty giving albuterol, please let the on-call vet know and we will switch to the more concentrated form
- T10118 (142): ADD Azith starting Saturday. New diarrhea repeat case opened (social partner has fluid feces)

## **ADD to Schedule:**

- M09202 (142): 11/7 sedated PE/BCS check

## **Cleared to return to group:**

- Z14340
- L03310
- L10095, after 11/6 (when TX complete, let vets know when returning so we can schedule weight monitoring)

## **Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

Supervisory Veterinarian

Washington National Primate Research Center/University of Washington

Arizona Breeding Colony

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# Re: 142 Case Updates

Tuesday, March 10, 2020 11:49 AM

Subject	Re: 142 Case Updates
From	cmali
To	cjmead2; Tess House; aw656
Sent	Monday, November 4, 2019 10:25 AM

sounds like a plan for keeping L10095 in 142 until she goes to the breeder group.

## Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
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**From:** cjmead2 <cjmead2@uw.edu>  
**Sent:** Monday, November 4, 2019 6:08 AM  
**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>  
**Subject:** FW: 142 Case Updates

I can add Z14340 and ET63 to Intro Wednesday since Vet Techs should have time

L10095- I need to watch that group, due to altercations, she will be moving to new breeder group 11/14 if we want to keep her in 142 for now

**From:** cmali <cmali@uw.edu>  
**Sent:** Friday, November 1, 2019 2:58 PM  
**To:** cjmead2 <cjmead2@uw.edu>; smintner <smintner@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; Danielle Parks <dp546@uw.edu>; Jim Murphy <murphyjm@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>; Carl L. Trivette II <clt222@uw.edu>; Jennifer A. Falbo <jfalbo1@uw.edu>; Erika E. Evans <erikae4@uw.edu>  
**Cc:** Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>  
**Subject:** 142 Case Updates

### Weekend Watch:

- L01151/DJ72 (142): Audible wheeze present on inhalation. Please observe for respiratory abnormalities/difficulties/wheezing.

### New TX/Cases:

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- L01151/DJ71 (142): NEW VF CASE. ADD Albuterol 10ml PO BID and Fluconazole (100mg PO SID) starting FRIDAY. If there is any difficulty giving albuterol, please let the on-call vet know and we will switch to the more concentrated form
- T10118 (142): ADD Azith starting Saturday. New diarrhea repeat case opened (social partner has fluid feces)

**ADD to Schedule:**

- M09202 (142): 11/7 sedated PE/BCS check

**Cleared to return to group:**

- Z14340
- L03310
- L10095, after 11/6 (when TX complete, let vets know when returning so we can schedule weight monitoring)

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# New staff orientation

Tuesday, March 10, 2020 11:49 AM

<b>Subject</b>	<b>New staff orientation</b>
<b>From</b>	<u>Tess House</u>
<b>To</b>	cmali; aw656
<b>Sent</b>	Wednesday, November 20, 2019 10:19 AM

Hi ladies,

I've reached out to Kelly about the latest ATs and when to do an orientation with them but have not yet gotten prospective dates from her. In the event that I'm not able to do this in December (and moving forward) here are the locations of the two powerpoints to review with all new staff.

Veterinary Orientation PP

Z:\Arizona\BMS & Vet Orientation (Select the Veterinary Orientation to the WaNPRC-AZ PP)

Valley Fever PP (This was something I started doing after discussing with Melinda the occ health risk/awareness of staff to VF, esp. when we have people move here from non-endemic states)

Z:\Arizona\Vet Services\Miscellaneous (Select the Valley Fever ABC Intro Presentation)

There is also a sedation powerpoint for training AT's in the same folder as the Vet orientation PP.

Any questions, let me know!

Dr. H

# Z16342

Tuesday, March 10, 2020 11:50 AM

Subject	<b>Z16342</b>
From	<a href="#">cmali</a>
To	Jessica Toscano
Cc	cjmead2; Tess House; aw656; Rita U Bellanca; Jim Murphy; Rita U Bellanca
Sent	Wednesday, November 27, 2019 1:43 PM

Hi Jessica,

Would it be possible for you to do some training with Z16342 in 104? We'd like her to be trained to come to the front of the cage to receive medications (fluconazole for VF) and we have yet to be successful with this. She's quite skittish and hangs out at the back/top of the cage.

I'm happy to discuss further if you need more information.

Please let me know if this will be possible.

Thanks,

Dr M

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

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# RE: Z16342

Tuesday, March 10, 2020 11:50 AM

Subject	<b>RE: Z16342</b>
From	<a href="#">Rita U Bellanca</a>
To	cmali; Jessica Toscano; Kelly Morrisroe
Cc	cjmead2; Tess House; aw656; Jim Murphy
Sent	Wednesday, November 27, 2019 1:45 PM

Hi Carolyn, Jessica

I am cc'ing Kelly so she can help with a training plan.

Thanks! Have a good weekend! Hopefully a nice long relaxing weekend. ☺

Rita

**From:** cmali <cmali@uw.edu>

**Sent:** Wednesday, November 27, 2019 12:44 PM

**To:** Jessica Toscano <jesst393@uw.edu>

**Cc:** cjmead2 <cjmead2@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>; Rita U Bellanca <rbell@uw.edu>; Jim Murphy <murphyjm@uw.edu>; Rita U Bellanca <rbell@uw.edu>

**Subject:** Z16342

Hi Jessica,

Would it be possible for you to do some training with Z16342 in 104? We'd like her to be trained to come to the front of the cage to receive medications (fluconazole for VF) and we have yet to be successful with this. She's quite skittish and hangs out at the back/top of the cage.

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Please let me know if this will be possible.

Thanks,

Dr M

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

Supervisory Veterinarian

Washington National Primate Research Center/University of Washington

Arizona Breeding Colony

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# RE: Z16342

Tuesday, March 10, 2020 11:50 AM

Subject	RE: Z16342
From	<a href="#">Jessica Toscano</a>
To	cmali
Cc	cjmead2; Tess House; aw656; Rita U Bellanca; Jim Murphy; Rita U Bellanca
Sent	Wednesday, November 27, 2019 1:49 PM

Sounds like a plan! Does she take treats at all from humans? I will take a look at her on Monday morning.

**From:** cmali <cmali@uw.edu>

**Sent:** Wednesday, November 27, 2019 1:44 PM

**To:** Jessica Toscano <jesst393@uw.edu>

**Cc:** cjmead2 <cjmead2@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>; Rita U Bellanca <rbell@uw.edu>; Jim Murphy <murphyjm@uw.edu>; Rita U Bellanca <rbell@uw.edu>

**Subject:** Z16342

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Thanks,  
Dr M

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

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# Infant fluconazole and Serum fluconazole projects

Tuesday, March 10, 2020 11:51 AM

Subject	Infant fluconazole and Serum fluconazole projects
From	<a href="#">Tess House</a>
To	aw656
Cc	cmali; Charlotte E. Hotchkiss; Sally Thompson-Iritani
Sent	Wednesday, December 18, 2019 3:36 PM

Hi Amber,

The two VF related projects can be found below:

- 1) Infants exposed to fluconazole during pregnancy (comparison of body weights project that Adam and Rose also contributed a great deal on with respect to initial data organizing)

Z:\Arizona\Vet Services\Miscellaneous\Infant weight and fluconazole exposure

- 2) Serum fluconazole levels in animals on the fluconazole impregnated feed. There was a group of juveniles/young adults in 171 (at the time) on the feed that we looked at first and then later we looked at the 242 group (now the animals in 232) and compared them to other adults on fluconazole tablets. This project included the negotiation by John Hasenau to include Cyndi Holland of Protatek and Nathan Weiderhold from UT San Antonio Fungal Lab on as co-authors. The intention was for Rose and I to work on project 1 first and then tackle this project next.

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Nathan Weiderhold: [wiederholdn@uthscsa.edu](mailto:wiederholdn@uthscsa.edu), phone is 210-567-4086, fax 210-614-4250

I'm leaving John Hasenau's business card on your desk for you this afternoon. Let me know if you think of anything else. I'll try to hunt down the MoU for Drs. Holland and Weiderhold so you have that as well (finance should have it too).

Tess

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

# RE: Infant fluconazole and Serum fluconazole projects

Tuesday, March 10, 2020 11:51 AM

Subject	<b>RE: Infant fluconazole and Serum fluconazole projects</b>
From	<a href="#">Sally Thompson-Iritani</a>
To	Tess House; aw656
Cc	cmali; Charlotte E. Hotchkiss
Sent	Wednesday, December 18, 2019 6:17 PM

Thank you so much Tess! I also have John's contact information.

Sally

**From:** Tess House <th81@uw.edu>

**Sent:** Wednesday, December 18, 2019 2:36 PM

**To:** aw656 <aw656@uw.edu>

**Cc:** cmali <cmali@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>

**Subject:** Infant fluconazole and Serum fluconazole projects

Hi Amber,

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- 1) Infants exposed to fluconazole during pregnancy (comparison of body weights project that Adam and Rose also contributed a great deal on with respect to initial data organizing)

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# FW: Infant fluconazole and Serum fluconazole projects

Tuesday, March 10, 2020 11:51 AM

Subject	<b>FW: Infant fluconazole and Serum fluconazole projects</b>
From	<a href="#">Tess House</a>
To	aw656
Cc	cmali
Sent	Thursday, December 19, 2019 9:32 AM

Also, as a follow up, we did bank some serum from spring semi-annuals this year with the hopes of future serum fluconazole testing, however, with the budget concerns I'm not sure we would get the ok to run every sample. The serum fluconazole testing cost was \$120/sample. Our negotiated price was \$100 if I remember correctly but that has expired. The serum is only good for 1 year for serum fluconazole testing once frozen so we are approaching that deadline soon.

**From:** Sally Thompson-Iritani <sti2@uw.edu>  
**Sent:** Wednesday, December 18, 2019 6:18 PM  
**To:** Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>  
**Cc:** cmali <cmali@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Subject:** RE: Infant fluconazole and Serum fluconazole projects

Thank you so much Tess! I also have John's contact information.

Sally

**From:** Tess House <th81@uw.edu>  
**Sent:** Wednesday, December 18, 2019 2:36 PM  
**To:** aw656 <aw656@uw.edu>  
**Cc:** cmali <cmali@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>  
**Subject:** Infant fluconazole and Serum fluconazole projects

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# RE: Cocci Results

Tuesday, March 10, 2020 11:35 AM

Subject	<b>RE: Cocci Results</b>
From	<a href="#">Tess House</a>
To	cjmead2; cmali; aw656
Cc	Charlotte E. Hotchkiss; Sally Thompson-Iritani
Sent	Monday, October 28, 2019 11:01 AM

We have three new cases from the 10/15 exams: Z16053, Z16203, Z16342. All current cases in this group are either not yet to one year of negative titers or are stable.

I have updated the Valley Fever Teams case list document to include the endpoint (Z17170) from last week and our current nursery case Z19006 as well as the three listed above.

Dr. H

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Monday, October 28, 2019 6:36 AM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Cocci Results

TB Exams dates cocci 10/14 and 10/15 downloaded into panel reports.  
Z19006 cocci titer IgM 1:2 and IgG 1: 32

Thanks,  
Caroline



# RE: Infant fluconazole and Serum fluconazole projects

Tuesday, March 10, 2020 11:54 AM

Subject	RE: Infant fluconazole and Serum fluconazole projects
From	aw656
To	Charlotte E. Hotchkiss; Tess House
Cc	cmali; Sally Thompson-Iritani
Sent	Tuesday, December 24, 2019 12:47 PM

Hello Charlotte,

Thank you for all the great info! I am currently researching and catching up with everything that has been started with hopes to keep the projects moving forward. I look forward to reviewing the stats and will be reaching out with questions as they arise. I look forward to working with you and thank you again for getting this data analyzed!

-Amber

**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>  
**Sent:** Tuesday, December 24, 2019 11:48 AM  
**To:** Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>  
**Cc:** cmali <cmali@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>  
**Subject:** RE: Infant fluconazole and Serum fluconazole projects

I did try to run statistics on the infant data. Unfortunately, I got different results depending on how I set up the statistical model. Most of it I understand, but there are a few places I got really weird results and I don't know why. I've attached my summary.

Charlotte

**From:** Tess House <th81@uw.edu>  
**Sent:** Wednesday, December 18, 2019 2:36 PM  
**To:** aw656 <aw656@uw.edu>  
**Cc:** cmali <cmali@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>  
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From	<a href="#">Tess House</a>
To	aw656; Charlotte E. Hotchkiss
Cc	cmali; Sally Thompson-Iritani
Sent	Friday, December 27, 2019 3:09 PM

Hi Amber-

If you and/or Charlotte have any questions for Rose or need any clarification from her, her e-mail address is [rkroeker@comcast.net](mailto:rkroeker@comcast.net). I did let her know this fall that I was leaving the center and that the project would be picked up and carried on.

Tess

**From:** aw656 <[aw656@uw.edu](mailto:aw656@uw.edu)>  
**Sent:** Tuesday, December 24, 2019 12:47 PM  
**To:** Charlotte E. Hotchkiss <[chotchki@uw.edu](mailto:chotchki@uw.edu)>; Tess House <[th81@uw.edu](mailto:th81@uw.edu)>  
**Cc:** cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>; Sally Thompson-Iritani <[sti2@uw.edu](mailto:sti2@uw.edu)>  
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**To:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; aw656 <[aw656@uw.edu](mailto:aw656@uw.edu)>  
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# RE: Cocci results

Tuesday, March 10, 2020 2:02 PM

Subject	<b>RE: Cocci results</b>
From	<u>Tess House</u>
To	cjmead2; cmali; aw656
Sent	Sunday, October 20, 2019 12:23 PM

Z16303, Z16068, and Z16281 are all negative.

A valley fever case was opened today on Z17170 and fluconazole started. There is a 1-1.5 cm soft, fluctuant swelling on the top of the head today.

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Saturday, October 19, 2019 1:29 PM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Cocci results

We got cocci titer result back on Z17170 IgM- negative and IgG 1:64

I will let Dr Fuller update about, soft lump on head.

Z16303, Z16068 and Z16281 cocci result downloaded into panel reports

Caroline

# RE: Cocci Results

Tuesday, March 10, 2020 2:03 PM

Subject	<b>RE: Cocci Results</b>
From	<u>Tess House</u>
To	cjmead2; cmali; aw656
Sent	Sunday, October 20, 2019 12:35 PM

No new cases in the 10/8 (241) group.

Two animals (12028 and K06192) were current cases and both have had a slight reduction in their IgG levels, no change to IgM levels.

Thank you!

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Saturday, October 19, 2019 12:22 PM

**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Cocci Results

Semi-annuals: 10/7 and 10/8 in panel reports.

Caroline

# FW: Cocci tests and grant application

Tuesday, March 10, 2020 2:03 PM

Subject	<b>FW: Cocci tests and grant application</b>
From	<a href="#">Tess House</a>
To	cmali; aw656
Sent	Tuesday, October 22, 2019 10:58 AM

I'm not sure where grant talks were with Bob (I know it's been a while but I feel like the last time there was a discussion it fell on a day I was out sick?) and Charlotte at al but just wanted to forward you this. I let Richard know I'm leaving and that the two of you will be the point people for discussions of future grants/projects/etc.

**From:** rgrant <rgrant@uw.edu>

**Sent:** Thursday, October 17, 2019 9:28 AM

**To:** Tess House <th81@uw.edu>

**Subject:** Cocci tests and grant application

Hi Tess

I wanted to follow up on our previous discussion about cocci serology testing and the grants you have considered submitting. I would like our lab to be involved if you think there is a place for us, even if it's just serology of other detection methods. We could possibly generate some preliminary results by doing some PCR on tissues. We have worked out a method for t cruzi detection in tissues by PCR and I'm sure we could do the same for cocci if you thought that could add to the strength of a grant application.

Of course we can also run standard or custom antibody and antigen detection too.

-Richard

# Week of October 28th

Tuesday, March 10, 2020 2:03 PM

Subject	Week of October 28th
From	cjmead2
To	cmali; Tess House; aw656
Sent	Thursday, October 24, 2019 10:54 AM

This is what I had so far

-

## **Monday October 28th (SM, SH, CJM)**

-  
10 TB Exams and 4 chest tattoos- (Start time 7AM)  
162: (2) male sedations lock inside by 630am (fast)  
142: Z15079 (fast) TB Exam & rads  
142: T10118 (fast) U/S  
104: Z19020, Z19059, Z19052, Z19069, Z16358-rads, Z17053 and Z18116 (fast) TB Exam

Downstairs:

1 recovery cage 162A  
3 white catch boxes

## **Tuesday October 29th(SM, SH, CJM)**

New Arrivals AB Building

11 TB Exams and 3 chest tattoos (Start time 630AM)  
ATs jump 152 out and put in 141 cages- they will recovery in 152 (fast)

Downstairs:

3 white catch boxes  
3 recovery cages 152A

## **Wednesday October 30th (SM, CJM)**

142: Z14331 (fast) F/U cocci titer/ Exam and infant ear tattoo & chest tattoo  
142: Z14340 infant Exam (fast)  
142: Z16076 (fast) suture removal  
142: T10118 & T140174 clearance to return to 232?  
104: fecal swabs clearance to return to groups 116 (152), 158 (121), 196 (121)

104: Z16004 cleared to return to 122  
ATs-122 BWs

downstairs:

jerry ramp  
2 squeeze cages  
2 white catch boxes



**Thursday October 31st (SM, CJM)**

222: HK97- new birth exam

241: GR11 New birth exam

241: GP45 follow-up CBC

upstairs:

2 squeeze cages

3 metal catch boxes

**Friday November 1st (SM, SH)**

221: R10113 & CV61 BWs

112: M11094, Z14257, Z13082 Follow-up BWs

104: Z15386 (fast) suture removal?

104: case BWs

142: case BWs

All catch boxes available

# Re: Week of October 28th

Tuesday, March 10, 2020 2:04 PM

Subject	Re: Week of October 28th
From	Tess House
To	cjmead2; cmali; aw656
Sent	Thursday, October 24, 2019 10:58 AM

Sounds busy but good!

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Thursday, October 24, 2019 10:54:47 AM

**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Week of October 28th

This is what I had so far

-

## Monday October 28th (SM, SH, CJM)

10 TB Exams and 4 chest tattoos- (Start time 7AM)

162: (2) male sedations lock inside by 630am (fast)

142: Z15079 (fast) TB Exam & rads

142: T10118 (fast) U/S

104: Z19020, Z19059, Z19052, Z19069, Z16358-rads, Z17053 and Z18116 (fast) TB Exam

Downstairs:

1 recovery cage 162A

3 white catch boxes

## Tuesday October 29th(SM, SH, CJM)

New Arrivals AB Building

11 TB Exams and 3 chest tattoos (Start time 630AM)

ATs jump 152 out and put in 141 cages- they will recovery in 152 (fast)

Downstairs:

3 white catch boxes

3 recovery cages 152A

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142: Z14331 (fast) F/U cocci titer/ Exam and infant ear tattoo & chest tattoo

142: Z14340 infant Exam (fast)

142: Z16076 (fast) suture removal

142: T10118 & T140174 clearance to return to 232?

104: fecal swabs clearance to return to groups 116 (152), 158 (121), 196 (121)

104: Z16004 cleared to return to 122

ATs-122 BWs

downstairs:

jerry ramp

2 squeeze cages

2 white catch boxes

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241: GR11 New birth exam

241: GP45 follow-up CBC

upstairs:

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3 metal catch boxes

**Friday November 1st (SM, SH)**

221: R10113 & CV61 BWs

112: M11094, Z14257, Z13082 Follow-up BWs

104: Z15386 (fast) suture removal?

104: case BWs

142: case BWs

All catch boxes available

RE:

Tuesday, March 10, 2020 11:36 AM

Subject	RE:
From	<a href="#">Tess House</a>
To	cjmead2; cmali; aw656
Cc	Schante M. Hodges; smintner
Sent	Monday, October 28, 2019 11:12 AM

Z16053 is one of the new valley fever cases.

ET63 is on banatrol and fiber bites BID. We'll postpone returning to the group, may need to open a diarrhea case on her Wednesday if she continues to have diarrhea and start her on azith.

The other 2 in 142 are on treatment.

Thanks for the updates!

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Monday, October 28, 2019 11:03 AM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Cc:** Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>

**Subject:**

122: out on deck and I saw Z16053 dry coughing

142: ET63 day fluid feces

231: notified by ATs this AM blood inside and outside enclosure, it is not from heavy mensing.  
A03194/ET57 abort, some blood around vaginal area that she was cleaning and on hands.

142: Z14331 mounding feces

142: L10095 formed/soft feces

# Week of October 28th

Tuesday, March 10, 2020 2:11 PM

Subject	Week of October 28th
From	cjmead2
To	Kelly L. Carbone; Jim Murphy; cmali; Tess House; aw656
Sent	Thursday, October 24, 2019 1:00 PM

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142: T10118 (fast) U/S  
104: Z19020, Z19059, Z19052, Z19069, Z16358-rads, Z17053 and Z18116 (fast) TB Exam

Downstairs:  
1 recovery cage 162A  
3 white catch boxes

## **Tuesday October 29<sup>th</sup>(SM, SH, CJM)**

(92) New Arrivals AB Building Kelly is checking on 3 group six to have breeder males separated

11 TB Exams and 3 chest tattoos (Start time 630AM)  
ATs jump 152 out and put in 141 cages- they will recovery in 152 (fast)

Downstairs:  
3 white catch boxes  
3 recovery cages 152A

## **Wednesday October 30th (SM, CJM)**

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142: Z14340 infant Exam (fast)  
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# Cocci Results

Tuesday, March 10, 2020 2:36 PM

<b>Subject</b>	<b>Cocci Results</b>
<b>From</b>	<a href="#">cjmead2</a>
<b>To</b>	Tess House; cmali; aw656
<b>Sent</b>	Monday, October 28, 2019 6:35 AM

TB Exams dates cocci 10/14 and 10/15 downloaded into panel reports.  
Z19006 cocci titer IgM 1:2 and IgG 1: 32

Thanks,  
Caroline

# RE: Cocci Results

Tuesday, March 10, 2020 2:36 PM

Subject	<b>RE: Cocci Results</b>
From	<a href="#">Tess House</a>
To	cjmead2; cmali; aw656
Cc	Charlotte E. Hotchkiss; Sally Thompson-Iritani
Sent	Monday, October 28, 2019 11:01 AM

We have three new cases from the 10/15 exams: Z16053, Z16203, Z16342. All current cases in this group are either not yet to one year of negative titers or are stable.

I have updated the Valley Fever Teams case list document to include the endpoint (Z17170) from last week and our current nursery case Z19006 as well as the three listed above.

Dr. H

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Monday, October 28, 2019 6:36 AM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Cocci Results

TB Exams dates cocci 10/14 and 10/15 downloaded into panel reports.  
Z19006 cocci titer IgM 1:2 and IgG 1: 32

Thanks,  
Caroline



# RE: Cocci Results

Tuesday, March 10, 2020 2:37 PM

Subject	<b>RE: Cocci Results</b>
From	<a href="#">Tess House</a>
To	cjmead2; cmali; aw656
Sent	Monday, October 28, 2019 11:07 AM

I've added a follow up titer on the three new cases in 122 for a month from now.

The one that was noted in this group for coughing (Z16203) I also put down for chest rads that day as well. If we're not seeing improvement with fluconazole, we can bump up the rads to do them sooner.

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Monday, October 28, 2019 6:36 AM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Cocci Results

TB Exams dates cocci 10/14 and 10/15 downloaded into panel reports.

Z19006 cocci titer IgM 1:2 and IgG 1: 32

Thanks,  
Caroline

# 122 follow up cbc/chem

Tuesday, March 10, 2020 2:37 PM

Subject	<b>122 follow up cbc/chem</b>
From	<a href="#">Tess House</a>
To	cjmead2
Cc	cmali; aw656
Sent	Monday, October 28, 2019 11:18 AM

Hi Caroline,

Now that I have all the blood work results back on 122 with the cocci titer info, there are two animals I think we should do follow up blood work on. They are added to the clinical calendar for next month:

- Z16086 (elevated neutrophils, monocytes, eosinophils)
- Z17062 (elevated neutrophils, decreased albumin and calcium)

Thanks!

Dr. H

# RE: Cocci Results

Tuesday, March 10, 2020 2:37 PM

Subject	RE: Cocci Results
From	<a href="#">Sally Thompson-Iritani</a>
To	Tess House; cjmead2; cmali; aw656
Cc	Charlotte E. Hotchkiss
Sent	Monday, October 28, 2019 6:29 PM

Sorry to hear this - thank you for taking good care of them.

Sally

**From:** Tess House <th81@uw.edu>

**Sent:** Monday, October 28, 2019 11:02 AM

**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Cc:** Charlotte E. Hotchkiss <chotchki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>

**Subject:** RE: Cocci Results

We have three new cases from the 10/15 exams: Z16053, Z16203, Z16342. All current cases in this group are either not yet to one year of negative titers or are stable.

I have updated the Valley Fever Teams case list document to include the endpoint (Z17170) from last week and our current nursery case Z19006 as well as the three listed above.

Dr. H

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Monday, October 28, 2019 6:36 AM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Cocci Results

TB Exams dates cocci 10/14 and 10/15 downloaded into panel reports.

Z19006 cocci titer IgM 1:2 and IgG 1: 32

Thanks,  
Caroline

# L01151- New VF Case, GIVE 100mg Fluconazole TODAY

Tuesday, March 10, 2020 2:38 PM

Subject	<b>L01151- New VF Case, GIVE 100mg Fluconazole TODAY</b>
From	<a href="#">cmali</a>
To	Danielle Parks; smintner; Schante M. Hodges
Cc	cjmead2; Tess House; aw656
Sent	Friday, November 1, 2019 2:50 PM

## **Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
Ph: 206.616.0501

<http://sites.uw.edu/d2c>

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**From:** cjmead2 <cjmead2@uw.edu>  
**Sent:** Friday, November 1, 2019 2:40 PM  
**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>  
**Subject:** Cocci Results

L01151 IgG 1:2 and IgM neg

Z14331 IgG 1:16 IgM 1:2

# Cocci Results

Tuesday, March 10, 2020 2:38 PM

Subject	<b>Cocci Results</b>
From	<a href="#">cjmead2</a>
To	cmali; Tess House; aw656
Sent	Monday, November 4, 2019 6:08 AM

10/28 and 10/29 cocci downloaded into panel reports

# Re: Cocci Results

Tuesday, March 10, 2020 2:38 PM

Subject	Re: Cocci Results
From	<a href="#">cmali</a>
To	cjmead2; Tess House; aw656
Sent	Monday, November 4, 2019 10:37 AM

Reviewed- no changes to anyone's status.

## Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
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**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Monday, November 4, 2019 6:08 AM

**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Cocci Results

10/28 and 10/29 cocci downloaded into panel reports

# Week of November 11th

Tuesday, March 10, 2020 2:38 PM

Subject	Week of November 11th
From	cjmead2
To	cmali; Tess House; aw656
Cc	Kelly L. Carbone
Sent	Wednesday, November 6, 2019 9:06 PM

## **Monday November 11th (DP, SH)**

Holiday

Dr M on-call, Dr Fuller ½ day

## **Tuesday November 12th (DP, SH, CJM)**

104: Z16283 (fast) suture removal, schedule for Friday 11/8? already, if done is she cleared to return to 122

103: Z19178 suture removal

104: Z18043- (fast) rads

B Bldg:

Separate 317AB EM80 for TB exam Wednesday, if possible

Separate 312CD K04362 into single cage

B Bldg:

Group 6

Cage-set for K04362

Shipment 3 arrival (86)

## **Wednesday November 13th (SH, SM, CJM)**

142: Z14331 follow-up fecal swab

104: Z16281 pending fecal/clearance intro back 122

104: Z17175 (fast) F/U chem

152: Z17253 (fast) F/U chem

B Bldg:

312CD K04362 into single cage (fast) Sx

Catch box

ATs-121 BWs

Items needed downstairs: Jerry ramp/2 squeeze cages, 2 white catch boxes

## **Thursday November 14th (SH, SM, CJM)**

103: Z19006 rads & follow-up cocci titer

B Bldg:

AB302-GL14 (male) fast upper K-9s extractions

Move 162 (males) up in "Cs" with moves and block off "B"

Leave group locked inside to move (need all catch boxes and cart)

Moves:

Loc	Dam new breeder Grp 162
221	A10094
221	L06233
221	L06254
221	L10136
221	R10151
181	L03132
181	Z11327
221	Z12029
142	L10095

Nursery cage change out

**Friday November 15th (SH, SM, DP in late morning, CJM-will see how week goes if I take off)**

104: case BWs

142: case BWs

212: Z14130 BW

B Bldg.: 302 case BWs

Leave group locked inside to move (need all catch boxes and cart)

Moves

Loc	Dam new breeder Grp 171
162C	Z14320
162C	Z14066
112	A10228
112	A10038
112	Z13082
112	L06215
112	M11094
112	K06271
112	K10112





# You have been added to a team in Microsoft Teams

Tuesday, March 10, 2020 11:36 AM

Subject	<b>You have been added to a team in Microsoft Teams</b>
From	<a href="#">Microsoft Teams</a>
To	aw656
Sent	Monday, October 28, 2019 12:03 PM

## Microsoft Teams





cmali added you to the WaNPRC Valley Fever team!

**WaNPRC Valley Fever**

6 members

WaNPRC Valley Fever

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		Mac		Android

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# Week of November 11th

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Cc	Kelly L. Carbone
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162C	Z14320
162C	Z14066
112	A10228
112	A10038
112	Z13082
112	L06215
112	M11094
112	K06271
112	K10112



# Re: J01126

Tuesday, March 10, 2020 2:39 PM

Subject	Re: J01126
From	<a href="#">cmali</a>
To	Schante M. Hodges; Danielle Parks
Cc	aw656; cjmead2; smintner
Sent	Sunday, November 10, 2019 3:01 PM

Added 1/2 bottle ensure PO BID to TX plan starting tomorrow

## Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
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**From:** smintner <smintner@uw.edu>

**Sent:** Sunday, November 10, 2019 2:30 PM

**To:** cmali <cmali@uw.edu>; cjmead2 <cjmead2@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; Danielle Parks <dp546@uw.edu>

**Subject:** Re: J01126

Her sample is double bagged and on top of the other blood samples in the fridge.

Thanks,

Sherri

**From:** cmali <cmali@uw.edu>

**Sent:** Saturday, November 9, 2019 1:52 PM

**To:** cjmead2 <cjmead2@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>; Danielle Parks <dp546@uw.edu>

**Subject:** J01126

Please submit for cocci tighter on Tuesday. Please let me know the biscuit count each day for her. Thank you

Sent from my iPhone

Tuesday, March 10, 2020 2:39 PM

Subject	
From	cjmead2
To	Schante M. Hodges; smintner; Danielle Parks
Cc	Kelly L. Carbone; cmali; Tess House; aw656
Sent	Wednesday, November 13, 2019 12:58 PM

### **Thursday November 14th**

Ship tissue to Seattle

103: Z19006 rads & follow-up cocci titer

B Bldg:

AB302: Z14298 (fast) suture removal

AB302-GL14 (male) **fast** upper K-9s extractions, Sx Rm, transport golf cart, in single trapping run (cover)

9AM contact Chris -fork lift and strap down

Move 162 (males) up in "Cs" with moves and block off "B"

**All animas moved must get BWs**

162: males moves

Males	Z14007-(171) #1		Z14055-(162) #2
-------	-----------------	--	-----------------

162C: Move over to 171 **just A**, B blocked off

162C	Z14320
162C	Z14066

Leave group locked inside to move (need all catch boxes and cart)

Moves:

Loc	Dam new breeder Grp 162
221	A10094
221	L06233
221	L06254
221	L10136
221	R10151
181	L03132
181	Z11327
221	Z12029
142	L10095

**Nursery cage change out**

# Dr. Bridget Barker visit

Tuesday, March 10, 2020 2:40 PM

Subject	<b>Dr. Bridget Barker visit</b>
From	<u>Tess House</u>
To	cmali; cjmead2; aw656
Sent	Thursday, November 14, 2019 2:38 PM

Hi Team,


Dr. Barker, a researcher at NAU in Flagstaff, will be visiting us on Monday afternoon. She will have a PhD student with her that will only have an outdoor tour of the site, Dr. Barker is cleared by occ health to go into the vivarium. I'm not sure what exact time they will arrive, but they will be here Monday. I met Dr. Barker at the Cocci Study Group meeting and she's really nice and knows a lot of people in the Cocci community.

Thanks,  
Dr. H



# Fw: Protatek lab results for Z19006 WaNPRC

Tuesday, March 10, 2020 2:40 PM

<b>Subject</b>	<b>Fw: Protatek lab results for Z19006 WaNPRC</b>
<b>From</b>	<a href="#">Tess House</a>
<b>To</b>	cmali; aw656
<b>Sent</b>	Sunday, November 17, 2019 3:08 PM
<b>Attachments</b>	 216615

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

**From:** Cyndi Holland <cholland@pharmgate.com>  
**Sent:** Sunday, November 17, 2019 2:22:34 PM  
**To:** cjmead2 <cjmead2@uw.edu>; Tess House <th81@uw.edu>  
**Subject:** Protatek lab results for Z19006 WaNPRC

### Laboratory Results

University of Washington  
Primate Center of AZ  
4202 N Higley Road  
Mesa, AZ 85215

UWPCAZ

Fax:

Phone: (206) 685-6031

Case: **19-10504**

Collection Date: 11/14/19

Accession Date: 11/15/19

Last Report Date: 11/17/19

Owner: **WaNPRC**

Species: Primate NOS / Primate NOS

Age: 10 Months

Sex: M

Case Coordinator: Dr. Cynthia Holland, PhD

### Serology

Spec #	Animal Id	Test	Interpretation	Result
1	Z19006	Cocci-IgM	< 1:1	Negative
1	Z19006	Cocci-IgG	1:32	<b>POSITIVE</b>

Baseline dilution = 1:1

# Z19039

Tuesday, March 10, 2020 2:42 PM

Subject	<b>Z19039</b>
From	<u>Tess House</u>
To	cjmead2; Danielle Parks; smintner; Schante M. Hodges
Cc	cmali; aw656
Sent	Tuesday, November 26, 2019 10:12 AM

Hi Team,

We're pulling Z19039 for weight loss from 112 to 104 and will sedate for an exam tomorrow and cocci titer. I've started her on NS BID. Please empty her pan in case we want to grab a swab tomorrow morning.

I've also added Meloxicam for the dam (Z13067) 0.59 mL PO SID starting today.

Thank you!

Dr. H

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

# Re: Z19039

Tuesday, March 10, 2020 2:42 PM

Subject	Re: Z19039
From	<a href="#">Danielle Parks</a>
To	Tess House; cjmead2; smintner; Schante M. Hodges
Cc	cmali; aw656
Sent	Tuesday, November 26, 2019 2:04 PM

Fecal output in PM was fluid- only a small amount of fecal output.  
Danielle

**From:** Tess House <th81@uw.edu>

**Sent:** Tuesday, November 26, 2019 10:12 AM

**To:** cjmead2 <cjmead2@uw.edu>; Danielle Parks <dp546@uw.edu>; smintner <smintner@uw.edu>; Schante M. Hodges <shodges3@uw.edu>

**Cc:** cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Z19039

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Thank you!

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Theresa (Tess) House, DVM MPH

Supervisory Veterinarian

Washington National Primate Research Center

Arizona Breeding Colony

Office phone 206.685.1842

Mailing address- P.O. Box 20836/Mesa, AZ 85277

# RE: Z19039

Tuesday, March 10, 2020 2:44 PM

Subject	RE: Z19039
From	<a href="#">Tess House</a>
To	Danielle Parks; cjmead2; smintner; Schante M. Hodges
Cc	cmali; aw656
Sent	Tuesday, November 26, 2019 2:07 PM

Let's send out a fecal swab on her tomorrow. Thanks for the update Danielle!

**From:** Danielle Parks <dp546@uw.edu>

**Sent:** Tuesday, November 26, 2019 2:05 PM

**To:** Tess House <th81@uw.edu>; cjmead2 <cjmead2@uw.edu>; smintner <smintner@uw.edu>; Schante M. Hodges <shodges3@uw.edu>

**Cc:** cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Re: Z19039

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Supervisory Veterinarian

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Arizona Breeding Colony

Office phone 206.685.1842

Mailing address- P.O. Box 20836/Mesa, AZ 85277

# RE: Z19039

Tuesday, March 10, 2020 2:44 PM

Subject	RE: Z19039
From	aw656
To	Tess House
Sent	Tuesday, November 26, 2019 2:12 PM

Dr. H.- Will they ship fecal samples the day before a holiday? I am curious for future cases. Thanks!

-A

**From:** Tess House <th81@uw.edu>  
**Sent:** Tuesday, November 26, 2019 2:07 PM  
**To:** Danielle Parks <dp546@uw.edu>; cjmead2 <cjmead2@uw.edu>; smintner <smintner@uw.edu>; Schante M. Hodges <shodges3@uw.edu>  
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**Subject:** Re: Z19039

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Thank you!  
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Tuesday, March 10, 2020 2:44 PM

Subject	RE: Z19039
From	<a href="#">Tess House</a>
To	aw656
Cc	cmali
Sent	Tuesday, November 26, 2019 2:24 PM

I think for fecal swabs that go to Idexx-yes-but not any Biofires or swabs to Seattle. There may be a delay in getting our results from Idexx because of the holidays.

**From:** aw656 <aw656@uw.edu>  
**Sent:** Tuesday, November 26, 2019 2:12 PM  
**To:** Tess House <th81@uw.edu>  
**Subject:** RE: Z19039

Dr. H.- Will they ship fecal samples the day before a holiday? I am curious for future cases. Thanks!

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Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

# cmali added you to the WaNPRC Valley Fever group

Tuesday, March 10, 2020 11:37 AM

Subject	cmali added you to the WaNPRC Valley Fever group
From	<a href="#">WaNPRC Valley Fever</a>
To	aw656
Sent	Monday, October 28, 2019 12:03 PM

Work Brilliantly Together

## Welcome to the WaNPRC Valley Fever Group

WaNPRC Valley Fever  
Private group with 7 members

[View group in Outlook](#)

## Get started

You're set to receive only replies and events in your inbox. Change this setting below, or anywhere you see the group in Outlook, to see all of this group's conversations.

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[Groups that take notes together, stay together. In the group notebook.](#)

[Track milestones \(and everything in between\) in the group calendar.](#)

## Collaborate with your group

across Office 365

## Create content seamlessly

The group's SharePoint team site is the place to share news, work on and organize content, manage rich data within lists, and track all site activities across all members.

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## Organize group work with Planner

Planner makes it easy for your team to create new plans, organize and assign tasks, share files, chat about what you're working on, and get updates on progress.

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[Check it out](#)

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# Week of December 2nd

Tuesday, March 10, 2020 2:44 PM

Subject	Week of December 2nd
From	cjmead2
To	Tess House; cmali; aw656
Cc	Kelly L. Carbone
Sent	Wednesday, November 27, 2019 6:27 AM

This is what I have so far

## **Monday December 2nd (SH DP CJM)**

142: T10118/T10174 flu fecal swab-mixed feces

B Bldg:

302: Z14244-suture removal if still present, if not return to group 317CD, needs f/u chem?

317C-D- sedate for f/u pregnancy check Z14352

320C: (fast) sedate for eye exam

302: Z13247 intro back to 319AB?

302: Z12353- (fast) suture removal?

302: M03195/EM08 intro into 317AB, extractions complete?

302: F02420 intro into 319CD-extraction complete?

Items needed B Bldg:

Group six (chains), jerry ramp, 2 squeeze cages, 5 white catch boxes

## **Tuesday December 3rd (SH DP CJM)**

104: Z17175- f/u fecal swab

142: FL04- pending fecal and BW, clearance return to 131 or next week at quarterly ultrasound?

142: Z14331/infant pending fecal and clearance to return to 112?

222(10)/232(9) Quarterly Ultrasounds

ATs separate both males outside, dams lock inside

(fast) groups 222/232

Items needed:

Jerry ramp, 2 squeeze cages, 5 recovery cages

## **Wednesday December 4th (SH SM CJM)**

242(10): Quarterly Ultrasounds

ATs separate male outside, dams lock inside

(fast) groups 242

Items needed:

Jerry ramp, 2 squeeze cages, 3 recovery cages

ATs: BWs 121

121: cocci titers: Z17142, Z17150, Z16161

104: Z18178 cleared to intro into 121?

## **Thursday December 5th (SM SH CJM)**

142: M09202 (fast) exam/BW

111: f/u BW Z17250

152: Vet Tech BWs

104: Z17175 f/u chem intro back 152? pending fecal and BW clearance?

## **Friday December 6th (SM DP SH CJM)**

104: case BWs (all BWs, non-case as well)

142: case BWs

171: BWs Z14066 & Z14320

B Bldg.: 302 case BWs

# RE: Week of December 2nd

Tuesday, March 10, 2020 2:45 PM

Subject	RE: Week of December 2nd
From	Tess House
To	cjmead2; cmali; aw656
Cc	Kelly L. Carbone
Sent	Wednesday, November 27, 2019 9:32 AM

M03185 (EM80) is going to stay in 302 with a follow up sedation in 3 weeks with k/d. His first extraction site has opened up due to diseased gingival tissue. Tentatively plan to return to group after the three week follow up on both extraction sites.

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Wednesday, November 27, 2019 6:27 AM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Cc:** Kelly L. Carbone <kellyc29@uw.edu>

**Subject:** Week of December 2nd

This is what I have so far

## **Monday December 2nd (SH DP CJM)**

142: T10118/T10174 flu fecal swab-mixed feces

B Bldg:

302: Z14244-suture removal if still present, if not return to group 317CD, needs f/u chem?

317C-D- sedate for f/u pregnancy check Z14352

320C: (fast) sedate for eye exam

302: Z13247 intro back to 319AB?

302: Z12353- (fast) suture removal?

302: M03195/EM08 intro into 317AB, extractions complete?

302: F02420 intro into 319CD-extraction complete?

Items needed B Bldg:

Group six (chains), jerry ramp, 2 squeeze cages, 5 white catch boxes

## **Tuesday December 3rd (SH DP CJM)**

104: Z17175- f/u fecal swab

142: FL04- pending fecal and BW, clearance return to 131 or next week at quarterly ultrasound?

142: Z14331/infant pending fecal and clearance to return to 112?

222(10)/232(9) Quarterly Ultrasounds

ATs separate both males outside, dams lock inside

(fast) groups 222/232

Items needed:

Jerry ramp, 2 squeeze cages, 5 recovery cages

## **Wednesday December 4th (SH SM CJM)**

242(10): Quarterly Ultrasounds

ATs separate male outside, dams lock inside

(fast) groups 242

Items needed:

Jerry ramp, 2 squeeze cages, 3 recovery cages

ATs: BWs 121

121: cocci titers: Z17142, Z17150, Z16161

104: Z18178 cleared to intro into 121?

**Thursday December 5<sup>th</sup> (SM SH CJM)**

142: M09202 (fast) exam/BW

111: f/u BW Z17250

152: Vet Tech BWs

104: Z17175 f/u chem intro back 152? pending fecal and BW clearance?

**Friday December 6<sup>th</sup> (SM DP SH CJM)**

104: case BWs (all BWs, non-case as well)

142: case BWs

171: BWs Z14066 & Z14320

B Bldg.: 302 case BWs

# Week of December 2nd

Tuesday, March 10, 2020 2:45 PM

Subject	Week of December 2nd
From	cjmead2
To	Kelly L. Carbone; Jim Murphy; cmali; Tess House; aw656
Sent	Wednesday, November 27, 2019 12:57 PM

## **Monday December 2nd (SH DP CJM)**

142: T10118/T10174 flu fecal swab-mixed feces

B Bldg:

302: Z14244-check w/Vets first before return to group 317CD

317C-D- sedate for f/u pregnancy check Z14352

320C: A09109 (fast) sedate for eye exam, then can return to group if cleared by Vet (319AB)

302: Z13247 intro back to 319AB

302: Z12353- (fast) suture removal, check if cleared to return Wednesday (319AB)

302: F02420 intro into 319CD

Items needed B Bldg:

Group six (chains), jerry ramp, 2 squeeze cages, 5 white catch boxes

## **Tuesday December 3rd (SH DP CJM)**

142: FL04- pending fecal and BW, clearance return to 131

142: Z14331/infant pending fecal/BW and clearance to return to 112, check with Vets first

222(10)/232(9) Quarterly Ultrasounds

ATs separate both males outside, dams lock inside

Start time 8AM (fast) groups 222/232

Items needed:

Jerry ramp, 2 squeeze cages, 5 recovery cages

## **Wednesday December 4th (SH SM CJM)**

ATs: BWs 121 (subject to change w/ATs schedule)

121: cocci titers: Z17142, Z17150, Z16161

104: Z18178 cleared to intro into 121

## **Thursday December 5th (SM SH CJM, Dr H off)**

142: M09202 (fast) exam/BW

111: f/u BW Z17250

152: Vet Tech BWs

104: Z17175 f/u chem intro back 152? pending fecal and BW clearance?

## **Friday December 6th (SM DP SH CJM, Dr M off)**

104: case BWs (all BWs, non-case as well)

142: case BWs

171: BWs Z14066 & Z14320

B Bldg.: 302 case BWs





# Z19039

Tuesday, March 10, 2020 2:45 PM

Subject	<b>Z19039</b>
From	<a href="#">Schante M. Hodges</a>
To	cmali; Tess House; aw656
Cc	cjmead2; smintner
Sent	Wednesday, November 27, 2019 1:22 PM

Hello,


Bloodwork that was done today has been transferred. The CBC is showing in panels reports, but the chemistry isn't yet. It will be EOD. Cocci titer and fecal swab sent out as well.

Thanks,

Schante and Sherri

# Fw: Protatek lab results for Z19039 WaNPRC

Tuesday, March 10, 2020 2:45 PM

Subject	<b>Fw: Protatek lab results for Z19039 WaNPRC</b>
From	<a href="#">Tess House</a>
To	aw656; cmali
Sent	Saturday, November 30, 2019 8:55 AM
Attachments	 217931

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

**From:** Cyndi Holland <cholland@pharmgate.com>  
**Sent:** Friday, November 29, 2019 12:45:53 PM  
**To:** Tess House <th81@uw.edu>; cjmead2 <cjmead2@uw.edu>  
**Subject:** Protatek lab results for Z19039 WaNPRC

### Laboratory Results

Dr. Mead  
University of Washington  
Primate Center of AZ  
4202 N Higley Road  
Mesa, AZ 85215

UWPCAZ

Fax:

Phone: (206) 685-6031

Case: **19-10933**

Collection Date: 11/27/19

Accession Date: 11/27/19

Last Report Date: 11/29/19

Owner: **WaNPRC**

Species: Southern Pig-tailed Macaque /

Age: 10 Months

Sex: F

Case Coordinator: Dr. Cynthia Holland, PhD

### Serology

Spec #	Animal Id	Test	Interpretation	Result
1	Z19039	Cocci-IgM	< 1:1	Negative
1	Z19039	Cocci-IgG	< 1:1	Negative

# Wed A Bldg AM Obs

Tuesday, March 10, 2020 2:46 PM

Subject	Wed A Bldg AM Obs
From	<a href="#">cjmead2</a>
To	cmali; Tess House; aw656; Jessica Toscano
Cc	Danielle Parks; Schante M. Hodges; smintner
Sent	Wednesday, December 4, 2019 7:25 AM

152: ATs mentioned Z17195 pointer finger wound, observed animal, it is suckling on left hand D1, making finger red (If you want to watch group Jessica today)

142:

Z14331 Day 3 fluid feces

142: T10118/T10174 day- today formed feces

121: Z17150- heard dry coughing (has a follow-up cocci titer this week)

Caroline

# RE: Z19039 Necropsy Report

Tuesday, March 10, 2020 2:47 PM

<b>Subject</b>	<b>RE: Z19039 Necropsy Report</b>
<b>From</b>	<a href="#">Tess House</a>
<b>To</b>	aw656; cmali
<b>Sent</b>	Monday, December 2, 2019 11:10 AM

I'd just mention any findings on the cbc/chem and that the cocci titer was negative in the history portion. Otherwise looks good!

**From:** aw656 <aw656@uw.edu>

**Sent:** Monday, December 2, 2019 10:59 AM

**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>

**Subject:** Z19039 Necropsy Report

Hey Docs,

I have attached the necropsy report for Z19039. Please let me know if there is additional information that needs to be included. Dr. M- please let me know if there is anything additional that you want included in the animal's history that you feel will benefit interpretation of the tissues. Thanks!

-A

# RE: Wed A Bldg AM Obs

Tuesday, March 10, 2020 2:47 PM

Subject	RE: Wed A Bldg AM Obs
From	<a href="#">Jessica Toscano</a>
To	cjmead2; cmali; Tess House; aw656
Cc	Danielle Parks; Schante M. Hodges; smintner
Sent	Wednesday, December 4, 2019 8:53 AM

Hi all,

I spent some time observing 152 this morning and did not observe Z17195 sucking on any of his digits. His pointer finger is slightly red but he used it fine when gripping the cage and food.

Thanks,

Jessica

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Wednesday, December 4, 2019 7:26 AM

**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>; Jessica Toscano <jesst393@uw.edu>

**Cc:** Danielle Parks <dp546@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>

**Subject:** Wed A Bldg AM Obs

152: ATs mentioned Z17195 pointer finger wound, observed animal, it is suckling on left hand D1, making finger red (If you want to watch group Jessica today)

142:

Z14331 Day 3 fluid feces

142: T10118/T10174 day- today formed feces

121: Z17150- heard dry coughing (has a follow-up cocci titer this week)

Caroline

# Re: Wed A Bldg AM Obs

Tuesday, March 10, 2020 2:47 PM

Subject	Re: Wed A Bldg AM Obs
From	cmali
To	cjmead2; Tess House; aw656; Jessica Toscano
Cc	Danielle Parks; Schante M. Hodges; smintner
Sent	Wednesday, December 4, 2019 8:56 AM

Z14331: please add 0.5ml Metronidazole PO BID. Opened repeat diarrhea case

## Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
Ph: 206.616.0501

<http://sites.uw.edu/d2c>

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**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Wednesday, December 4, 2019 7:25 AM

**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>; Jessica Toscano <jesst393@uw.edu>

**Cc:** Danielle Parks <dp546@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>

**Subject:** Wed A Bldg AM Obs

152: ATs mentioned Z17195 pointer finger wound, observed animal, it is suckling on left hand D1, making finger red (If you want to watch group Jessica today)

142:

Z14331 Day 3 fluid feces

142: T10118/T10174 day- today formed feces

121: Z17150- heard dry coughing (has a follow-up cocci titer this week)

Caroline



# 121

Tuesday, March 10, 2020 2:48 PM

Subject	<b>121</b>
From	<a href="#">cjmead2</a>
To	cmali; Tess House; aw656; Kelly L. Carbone
Sent	Wednesday, December 4, 2019 1:29 PM

I was going to have Vet staff weigh 121 on Friday, since all three are here. This will help the ATs out, since they are short staffed and a lot to do.

Is this feasible, since three have cocci titers follow-ups.

Thanks,  
Caroline

# RE: Cocci Results

Tuesday, March 10, 2020 11:37 AM

Subject	RE: Cocci Results
From	<a href="#">Sally Thompson-Iritani</a>
To	Tess House; cjmead2; cmali; aw656
Cc	Charlotte E. Hotchkiss
Sent	Monday, October 28, 2019 6:29 PM

Sorry to hear this - thank you for taking good care of them.

Sally

**From:** Tess House <th81@uw.edu>

**Sent:** Monday, October 28, 2019 11:02 AM

**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Cc:** Charlotte E. Hotchkiss <chotchki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>

**Subject:** RE: Cocci Results

We have three new cases from the 10/15 exams: Z16053, Z16203, Z16342. All current cases in this group are either not yet to one year of negative titers or are stable.

I have updated the Valley Fever Teams case list document to include the endpoint (Z17170) from last week and our current nursery case Z19006 as well as the three listed above.

Dr. H

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Monday, October 28, 2019 6:36 AM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** Cocci Results

TB Exams dates cocci 10/14 and 10/15 downloaded into panel reports.

Z19006 cocci titer IgM 1:2 and IgG 1: 32

Thanks,  
Caroline

# RE: 121

Tuesday, March 10, 2020 2:48 PM

Subject	<b>RE: 121</b>
From	<a href="#">Tess House</a>
To	cjmead2
Cc	cmali; aw656; Kelly L. Carbone
Sent	Wednesday, December 4, 2019 1:31 PM

That sounds good to Dr. M and I!

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Wednesday, December 4, 2019 1:29 PM

**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>

**Subject:** 121

I was going to have Vet staff weigh 121 on Friday, since all three are here. This will help the ATs out, since they are short staffed and a lot to do.

Is this feasible, since three have cocci titers follow-ups.

Thanks,  
Caroline

# RE: 121

Tuesday, March 10, 2020 2:48 PM

Subject	<b>RE: 121</b>
From	<a href="#">cjmead2</a>
To	Tess House
Cc	cmali; aw656; Kelly L. Carbone
Sent	Wednesday, December 4, 2019 1:33 PM

Thank you!!

**From:** Tess House <th81@uw.edu>  
**Sent:** Wednesday, December 4, 2019 1:31 PM  
**To:** cjmead2 <cjmead2@uw.edu>  
**Cc:** cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>  
**Subject:** RE: 121

That sounds good to Dr. M and I!

**From:** cjmead2 <cjmead2@uw.edu>  
**Sent:** Wednesday, December 4, 2019 1:29 PM  
**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>  
**Subject:** 121

I was going to have Vet staff weigh 121 on Friday, since all three are here. This will help the ATs out, since they are short staffed and a lot to do.

Is this feasible, since three have cocci titers follow-ups.

Thanks,  
Caroline

# RE: 121

Tuesday, March 10, 2020 2:48 PM

Subject	<b>RE: 121</b>
From	<a href="#">Kelly L. Carbone</a>
To	<a href="#">cjmead2</a> ; Tess House
Cc	<a href="#">cmali</a> ; <a href="#">aw656</a>
Sent	Wednesday, December 4, 2019 2:40 PM

Thank you it is much appreciated!!

Kelly

**From:** [cjmead2](#) <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>  
**Sent:** Wednesday, December 4, 2019 1:33 PM  
**To:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>  
**Cc:** [cmali](#) <[cmali@uw.edu](mailto:cmali@uw.edu)>; [aw656](#) <[aw656@uw.edu](mailto:aw656@uw.edu)>; Kelly L. Carbone <[kellyc29@uw.edu](mailto:kellyc29@uw.edu)>  
**Subject:** RE: 121

Thank you!!

**From:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>  
**Sent:** Wednesday, December 4, 2019 1:31 PM  
**To:** [cjmead2](#) <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>  
**Cc:** [cmali](#) <[cmali@uw.edu](mailto:cmali@uw.edu)>; [aw656](#) <[aw656@uw.edu](mailto:aw656@uw.edu)>; Kelly L. Carbone <[kellyc29@uw.edu](mailto:kellyc29@uw.edu)>  
**Subject:** RE: 121

That sounds good to Dr. M and I!

**From:** [cjmead2](#) <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>  
**Sent:** Wednesday, December 4, 2019 1:29 PM  
**To:** [cmali](#) <[cmali@uw.edu](mailto:cmali@uw.edu)>; Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; [aw656](#) <[aw656@uw.edu](mailto:aw656@uw.edu)>; Kelly L. Carbone <[kellyc29@uw.edu](mailto:kellyc29@uw.edu)>  
**Subject:** 121

I was going to have Vet staff weigh 121 on Friday, since all three are here. This will help the ATs out, since they are short staffed and a lot to do.

Is this feasible, since three have cocci titers follow-ups.

Thanks,  
Caroline

# Week of December 9th

Tuesday, March 10, 2020 2:49 PM

Subject	Week of December 9th
From	cjmead2
To	cmali; Tess House; aw656
Cc	Kelly L. Carbone
Sent	Thursday, December 5, 2019 6:46 AM

## **Monday December 9th**

104: group house if we have connecting cages at top (or move Z18043, and Z17175 is returning to group) Z19020 and Z19059 pair w/Z19069 and Z19052- (they are same size as Z18199 in 152) so they get ready for 152 since couple more will move out.

142: T10118/T10174 follow-up fecal check if cleared to return to 232

212(6)/131(7) Quarterly Ultrasounds

131:

GR30/ L09006 recheck chem

Male/L09006/DJ72 cocci titers

Male/DJ72 chest rads

ATs separate 131 male into "C", dams lock inside A

Male will be sedated with dams as well

Start time 8AM (fast) groups 212/131

Items needed:

Jerry ramp, 2 squeeze cages, 4 recovery cages, single trapping run, catch boxes

Start upstairs 1<sup>st</sup> (single trapping run, 2 squeeze cages, 2 recovery cages, couple white boxes)

Downstairs 2nd (single trapping run, 2 squeeze cages, 2 recovery cages, couple white boxes)

241: separate male into "C"

## **Tuesday December 10th**

231(10)/241(9) Quarterly Ultrasounds

ATs separate both males outside, dams lock inside (241male hopefully separated and can put in group six temporarily)

Start time 8AM (fast) groups 231/241

231:

Chem-S11069, A10193, A12268-preg due 12/23 (do you want sedated?)

ID14 due 2/3/20 and ET57 due 1/30/20 (do you want sedated?)

241: Z12072 due 1/14/20 and R10195 due 2/21/20 (do you want sedated?)

241: 2 old enough to wean to 121

Items needed:

Jerry ramp, 2 squeeze cages, 5 recovery cages, group six

## **Wednesday December 11th**

ATs: BWs 122 (subject to change w/ATs schedule)

122: Z17086 right hand rads and Z16203 cocci titer and chest rads

122: Z16053 and Z16342 cocci titer

## **Thursday December 12th**

162: EI33 cocci titer-sedate and GR76 BW

B Bldg:

302: (fast) GL14 follow-up chem and recheck extraction sites (318AB)

302: (fast) DM05 recheck extraction sites (321AB)

302: (fast) EM08 recheck extraction sites (317AB)

**Friday December 13th**

104: case BWs

142: case BWs

104: (fast) Z18043 rads w/o cast

B Bldg.: 302 case BWs

# Week of December 9th

Tuesday, March 10, 2020 2:49 PM

Subject	Week of December 9th
From	cjmead2
To	cmali; Tess House; aw656
Cc	Kelly L. Carbone
Sent	Thursday, December 5, 2019 6:52 AM

Forgot to add who works

And if you want any returned from B Bldg 302 dams from this week

## **Monday December 9<sup>th</sup> (DP, SH, CJM)**

104: group house if we have connecting cages at top (or move Z18043, and Z17175 is returning to group) Z19020 and Z19059 pair w/Z19069 and Z19052- (they are same size as Z18199 in 152) so they get ready for 152 since couple more will move out.

142: T10118/T10174 follow-up fecal check if cleared to return to 232

212(6)/131(7) Quarterly Ultrasounds

131:

GR30/ L09006 recheck chem

Male/L09006/DJ72 cocci titers

Male/DJ72 chest rads

ATs separate 131 male into "C", dams lock inside A

Male will be sedated with dams as well

Start time 8AM (fast) groups 212/131

Items needed:

Jerry ramp, 2 squeeze cages, 4 recovery cages, single trapping run, catch boxes

Start upstairs 1<sup>st</sup> (single trapping run, 2 squeeze cages, 2 recovery cages, couple white boxes)

Downstairs 2nd (single trapping run, 2 squeeze cages, 2 recovery cages, couple white boxes)

241: separate male into "C"

## **Tuesday December 10<sup>th</sup> (DP, SH, CJM)**

231(10)/241(9) Quarterly Ultrasounds

ATs separate both males outside, dams lock inside (241male hopefully separated and can put in group six temporarily)

Start time 8AM (fast) groups 231/241

231:

Chem-S11069, A10193, A12268-preg due 12/23 (do you want sedated?)

ID14 due 2/3/20 and ET57 due 1/30/20 (do you want sedated?)

241: Z12072 due 1/14/20 and R10195 due 2/21/20 (do you want sedated?)

241: 2 old enough to wean to 121

Items needed:

Jerry ramp, 2 squeeze cages, 5 recovery cages, group six

## **Wednesday December 11<sup>th</sup> (SH, SM, CJM)**

ATs: BWs 122 (subject to change w/ATs schedule)

122: Z17086 right hand rads and Z16203 cocci titer and chest rads

122: Z16053 and Z16342 cocci titer

## **Thursday December 12<sup>th</sup> (SH, SM, CJM)**

162: EI33 cocci titer-sedate and GR76 BW



B Bldg:

302: (fast) GL14 follow-up chem and recheck extraction sites (318AB)

302: (fast) DM05 recheck extraction sites (321AB)

302: (fast) EM08 recheck extraction sites (317AB)

**Friday December 13th (SM, DP)**

104: case BWs

142: case BWs

104: (fast) Z18043 rads w/o cast

B Bldg.: 302 case BWs

# Re: Week of December 9th

Tuesday, March 10, 2020 2:49 PM

Subject	Re: Week of December 9th
From	cmali
To	cjmead2; Tess House; aw656
Cc	Kelly L. Carbone
Sent	Thursday, December 5, 2019 7:29 AM

Looks good- see highlights for notes

## **Monday December 9th (DP, SH, CJM)**

104: group house if we have connecting cages at top (or move Z18043, and Z17175 is returning to group) Z19020 and Z19059 pair w/Z19069 and Z19052- (they are same size as Z18199 in 152) so they get ready for 152 since couple more will move out- Sounds Good- lets keep a close eye on 069

142: T10118/T10174 follow-up fecal check if cleared to return to 232

212(6)/131(7) Quarterly Ultrasounds

131:

GR30/ L09006 recheck chem

Male/L09006/DJ72 cocci titers

Male/DJ72 chest rads

ATs separate 131 male into "C", dams lock inside A

Male will be sedated with dams as well

Start time 8AM (fast) groups 212/131

Items needed:

Jerry ramp, 2 squeeze cages, 4 recovery cages, single trapping run, catch boxes

Start upstairs 1<sup>st</sup> (single trapping run, 2 squeeze cages, 2 recovery cages, couple white boxes)

Downstairs 2nd (single trapping run, 2 squeeze cages, 2 recovery cages, couple white boxes)

241: separate male into "C"

## **Tuesday December 10th (DP, SH, CJM)**

231(10)/241(9) Quarterly Ultrasounds

ATs separate both males outside, dams lock inside (241male hopefully separated and can put in group six temporarily)

Start time 8AM (fast) groups 231/241

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Chem-S11069, A10193, A12268-preg due 12/23 (do you want sedated?)- NO- can do FU CHM at new infant check

ID14 due 2/3/20 and ET57 due 1/30/20 (do you want sedated?)- NO, as long as you feel confident in due dates

241: Z12072 due 1/14/20 and R10195 due 2/21/20 (do you want sedated?)- NO, as long as you feel confident in due dates

241: 2 old enough to wean to 121- GREAT

Items needed:

Jerry ramp, 2 squeeze cages, 5 recovery cages, group six

## **Wednesday December 11th (SH, SM, CJM)**

ATs: BWs 122 (subject to change w/ATs schedule)

122: Z17086 right hand rads and Z16203 cocci titer and chest rads

122: Z16053 and Z16342 cocci titer

**Thursday December 12th (SH, SM, CJM)**

162: EI33 cocci titer-sedate and GR76 BW

B Bldg:

302: (fast) GL14 follow-up chem and recheck extraction sites (318AB)

302: (fast) DM05 recheck extraction sites (321AB)

302: (fast) EM08 recheck extraction sites (317AB)

**Friday December 13th (SM, DP)**

104: case BWs

142: case BWs

104: (fast) Z18043 rads w/o cast

B Bldg.: 302 case BWs

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

Supervisory Veterinarian

Washington National Primate Research Center/University of Washington

Arizona Breeding Colony

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**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Thursday, December 5, 2019 6:52 AM

**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>

**Cc:** Kelly L. Carbone <kellyc29@uw.edu>

**Subject:** Week of December 9th

Forgot to add who works

And if you want any returned from B Bldg 302 dams from this week

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GR30/ L09006 recheck chem

Male/L09006/DJ72 cocci titers

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Male will be sedated with dams as well

**Start time 8AM (fast) groups 212/131**

Items needed:

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Start upstairs 1<sup>st</sup> (single trapping run, 2 squeeze cages, 2 recovery cages, couple white boxes)  
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241: separate male into "C"

**Tuesday December 10th (DP, SH, CJM)**

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ATs separate both males outside, dams lock inside (241male hopefully separated and can put in group six temporarily)

Start time 8AM (fast) groups 231/241

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Chem-S11069, A10193, A12268-preg due 12/23 (do you want sedated?)

ID14 due 2/3/20 and ET57 due 1/30/20 (do you want sedated?)

241: Z12072 due 1/14/20 and R10195 due 2/21/20 (do you want sedated?)

241: 2 old enough to wean to 121

Items needed:

Jerry ramp, 2 squeeze cages, 5 recovery cages, group six

**Wednesday December 11th (SH, SM, CJM)**

ATs: BWs 122 (subject to change w/ATs schedule)

122: Z17086 right hand rads and Z16203 cocci titer and chest rads

122: Z16053 and Z16342 cocci titer

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**Friday December 13th (SM, DP)**

104: case BWs

142: case BWs

104: (fast) Z18043 rads w/o cast

B Bldg.: 302 case BWs

# RE: Week of December 9th

Tuesday, March 10, 2020 2:49 PM

Subject	RE: Week of December 9th
From	cjmead2
To	cmali; Tess House; aw656
Cc	Kelly L. Carbone
Sent	Thursday, December 5, 2019 8:36 AM

Sounds good

These were the two in B Bldg- if want to return after meds/clearance?

302: Meds end 12/11 Z17317 & A07104

**From:** cmali <cmali@uw.edu>

**Sent:** Thursday, December 5, 2019 7:29 AM

**To:** cjmead2 <cjmead2@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>

**Cc:** Kelly L. Carbone <kellyc29@uw.edu>

**Subject:** Re: Week of December 9th

Looks good- see highlights for notes

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Male/L09006/DJ72 cocci titers

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Male will be sedated with dams as well

Start time 8AM (fast) groups 212/131

Items needed:

Jerry ramp, 2 squeeze cages, 4 recovery cages, single trapping run, catch boxes

Start upstairs 1<sup>st</sup> (single trapping run, 2 squeeze cages, 2 recovery cages, couple white boxes)

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142: case BWs

104: (fast) Z18043 rads w/o cast

B Bldg.: 302 case BWs

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

Supervisory Veterinarian

Washington National Primate Research Center/University of Washington

Arizona Breeding Colony

PO Box 20836, Mesa, AZ 85277

Ph: 206.616.0501



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<http://sites.uw.edu/d2c>

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**Cc:** Kelly L. Carbone <[kellyc29@uw.edu](mailto:kellyc29@uw.edu)>

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104: (fast) Z18043 rads w/o cast

B Bldg.: 302 case BWs





# Re: Week of December 9th

Tuesday, March 10, 2020 2:50 PM

Subject	Re: Week of December 9th
From	cmali
To	cjmead2; Tess House; aw656
Cc	Kelly L. Carbone
Sent	Thursday, December 5, 2019 9:22 AM

yes, they are cleared once TX is completed.

## Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
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**From:** cjmead2 <cjmead2@uw.edu>  
**Sent:** Thursday, December 5, 2019 8:36 AM  
**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>  
**Cc:** Kelly L. Carbone <kellyc29@uw.edu>  
**Subject:** RE: Week of December 9th

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B Bldg.: 302 case BWs

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Male/L09006/DJ72 cocci titers

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122: Z17086 right hand rads and Z16203 cocci titer and chest rads

122: Z16053 and Z16342 cocci titer

**Thursday December 12th (SH, SM, CJM)**

162: EI33 cocci titer-sedate and GR76 BW

B Bldg:

302: (fast) GL14 follow-up chem and recheck extraction sites (318AB)

302: (fast) DM05 recheck extraction sites (321AB)

302: (fast) EM08 recheck extraction sites (317AB)

**Friday December 13th (SM, DP)**

104: case BWs

142: case BWs

104: (fast) Z18043 rads w/o cast

B Bldg.: 302 case BWs

# Week of December 9th

Tuesday, March 10, 2020 2:50 PM

Subject	Week of December 9th
From	cjmead2
To	Kelly L. Carbone; Jim Murphy; cmali; Tess House; aw656; Jessica Toscano
Sent	Thursday, December 5, 2019 8:46 PM

## **Monday December 9th (DP, SH, CJM)**

104: group house if we have connecting cages at top (or move Z18043, and Z17175 is returning to group) Z19020 and Z19059 pair w/Z19069 and Z19052- (they are same size as Z18199 in 152) so they get ready for 152 since couple more will move out

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212(6)/131(7) Quarterly Ultrasounds

131:

GR30/ L09006 recheck chem

Male/L09006/DJ72 cocci titers

Male/DJ72 chest rads

ATs separate 131 male into "C", dams lock inside A

Male will be sedated with dams as well

Start time 8AM (fast) groups 212/131

Items needed:

Jerry ramp, 2 squeeze cages, 4 recovery cages, single trapping run, catch boxes

Start upstairs 1<sup>st</sup> (single trapping run, 2 squeeze cages, 2 recovery cages, couple white boxes)

Downstairs 2nd (single trapping run, 2 squeeze cages, 2 recovery cages, couple white boxes)

241: separate male into "C"

## **Tuesday December 10th (DP, SH, CJM)**

231(10)/241(9) Quarterly Ultrasounds

ATs separate both males outside, dams lock inside (241male hopefully separated and can put in group six temporarily)

Start time 8AM (fast) groups 231/241

231:

Recheck chem-S11069 and A10193

241: 2 old enough to wean to 121

Items needed:

Jerry ramp, 2 squeeze cages, 5 recovery cages, group six

## **Wednesday December 11th (SH, SM, CJM)**

B Bldg:

302: Z17317 intro back 311AB

302: A07104 intro back 312CD

Vet Staff: BWs 122

122: Z17086 right hand rads and Z16203 cocci titer and chest rads

122: Z16053 and Z16342 cocci titer

**Thursday December 12th (SH, SM, CJM)**

162: EI33 cocci titer-sedate and GR76 BW

B Bldg: males will intro back to groups as well this day

302: (fast) GL14 follow-up chem and recheck extraction sites (318AB)

302: (fast) DM05 recheck extraction sites (321AB)

302: (fast) EM08 recheck extraction sites (317AB)

**Friday December 13th (SM, SH, DP)**

104: case BWs

142: case BWs

104: (fast) Z18043 rads w/o cast

B Bldg.: 302 case BWs

Tuesday, March 10, 2020 2:50 PM

Subject	
From	<a href="#">cjmead2</a>
To	Danielle Parks; Schante M. Hodges; smintner
Cc	Tess House; aw656; cmali; Jessica Toscano; Kelly L. Carbone
Sent	Thursday, December 5, 2019 9:40 PM

**Friday December 6th**

104: case BWs (all BWs, non-case as well)

142: case BWs

171: BWs Z14066 & Z14320 (already moved to 142 for trauma)

Vet Staff: BWs 121

121: cocci titers: Z17142, Z17150, Z16161

104: Z18178 intro into 121

B Bldg.: 302 case BWs

# this morning

Tuesday, March 10, 2020 3:00 PM

Subject	<b>this morning</b>
From	<u><a href="#">smintner</a></u>
To	cjmead2; Tess House; Danielle Parks; cmali; Schante M. Hodges; aw656
Sent	Friday, December 6, 2019 1:39 PM

Hello

All weights for 104 and 121, case weights for 142, and Z14066 (171) have been done and entered.

Blood was drawn for cocci titers on Z17142, Z17150, and Z16161.

Also Z18178 from 104 was introduced into 121 without incident. Social exemption can be removed.

Thanks,

Sherri



# RE: this morning

Tuesday, March 10, 2020 3:00 PM

Subject	<b>RE: this morning</b>
From	<u>Tess House</u>
To	smintner; cjmead2; Danielle Parks; cmali; Schante M. Hodges; aw656
Sent	Friday, December 6, 2019 1:57 PM

Thank you Sherri!

I have removed the social exemption on Z18178. Weights in 142 were pretty good except for Z14331 but this is likely from her new bout of diarrhea. She was looking hydrated when Dr. Amber and I were in there today.

I will check the other weights later this afternoon.

**From:** smintner <smintner@uw.edu>

**Sent:** Friday, December 6, 2019 1:40 PM

**To:** cjmead2 <cjmead2@uw.edu>; Tess House <th81@uw.edu>; Danielle Parks <dp546@uw.edu>; cmali <cmali@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** this morning

Hello

All weights for 104 and 121, case weights for 142, and Z14066 (171) have been done and entered.

Blood was drawn for cocci titers on Z17142, Z17150, and Z16161.

Also Z18178 from 104 was introduced into 121 without incident. Social exemption can be removed.

Thanks,  
Sherri

# RE: this morning

Tuesday, March 10, 2020 3:01 PM

Subject	RE: this morning
From	<a href="#">Tess House</a>
To	smintner; cjmead2; Danielle Parks; cmali; Schante M. Hodges; aw656
Sent	Friday, December 6, 2019 3:53 PM

Thanks Sherri,

104 is very stable on the whole.

The only 2 animals in 121 I think should get a follow up next week are Z17248 and Z17327. [Caroline](#) please add this to the clinical calendar on whatever day would work best.

Z14066 will get a follow up weight on the clinical calendar in 3 weeks. She dipped down slightly.

Dr. H

**From:** smintner <smintner@uw.edu>

**Sent:** Friday, December 6, 2019 1:40 PM

**To:** cjmead2 <cjmead2@uw.edu>; Tess House <th81@uw.edu>; Danielle Parks <dp546@uw.edu>; cmali <cmali@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** this morning

Hello

All weights for 104 and 121, case weights for 142, and Z14066 (171) have been done and entered.

Blood was drawn for cocci titers on Z17142, Z17150, and Z16161.

Also Z18178 from 104 was introduced into 121 without incident. Social exemption can be removed.

Thanks,  
Sherri

Tuesday, March 10, 2020 3:01 PM

Subject	
From	<a href="#">cjmead2</a>
To	Tess House; cmali; aw656
Cc	Jessica Toscano; Schante M. Hodges; smintner
Sent	Tuesday, December 10, 2019 3:02 PM

**Wednesday December 11th**

Are we still good to intro these tow back?

B Bldg:

302: Z17317 intro back 311AB

302: A07104 intro back 312CD

Vet Staff: BWs 122

122: Z17086 right hand rads and Z16203 cocci titer and chest rads

122: Z16053 and Z16342 cocci titer

RE:

Tuesday, March 10, 2020 3:01 PM

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From	<a href="#">Tess House</a>
To	cjmead2; cmali; aw656
Cc	Jessica Toscano; Schante M. Hodges; smintner
Sent	Tuesday, December 10, 2019 3:04 PM

Yes, we are still good to do those introductions tomorrow. Can you please coordinate this with Jess?

For the 122 group, are you thinking right after treatments are done (8:30-9) or a little later? Would you like me to come down to help with it (and you can just call me when you're ready)?

Dr. H

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Tuesday, December 10, 2019 3:03 PM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Cc:** Jessica Toscano <jesst393@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>

**Subject:**

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Tuesday, March 10, 2020 3:02 PM

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From	<a href="#">cjmead2</a>
To	Tess House; cmali; aw656
Cc	Jessica Toscano; Schante M. Hodges; smintner
Sent	Tuesday, December 10, 2019 3:22 PM

Correct, I have been coordinating with Jessica when we have moves.

**From:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>

**Sent:** Tuesday, December 10, 2019 3:05 PM

**To:** [cjmead2](#) <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>; [cmali](#) <[cmali@uw.edu](mailto:cmali@uw.edu)>; [aw656](#) <[aw656@uw.edu](mailto:aw656@uw.edu)>

**Cc:** Jessica Toscano <[jesst393@uw.edu](mailto:jesst393@uw.edu)>; Schante M. Hodges <[shodges3@uw.edu](mailto:shodges3@uw.edu)>; [smintner](#) <[smintner@uw.edu](mailto:smintner@uw.edu)>

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**Cc:** Jessica Toscano <[jesst393@uw.edu](mailto:jesst393@uw.edu)>; Schante M. Hodges <[shodges3@uw.edu](mailto:shodges3@uw.edu)>; [smintner](#) <[smintner@uw.edu](mailto:smintner@uw.edu)>

**Subject:**

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Tuesday, March 10, 2020 3:02 PM

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From	<a href="#">Tess House</a>
To	<a href="#">cjmead2</a> ; <a href="#">cmali</a> ; <a href="#">aw656</a>
Cc	Jessica Toscano; Schante M. Hodges; smintner
Sent	Tuesday, December 10, 2019 3:41 PM

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**From:** [cjmead2](#) <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>  
**Sent:** Tuesday, December 10, 2019 3:23 PM  
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**Cc:** Jessica Toscano <[jesst393@uw.edu](mailto:jesst393@uw.edu)>; Schante M. Hodges <[shodges3@uw.edu](mailto:shodges3@uw.edu)>; smintner <[smintner@uw.edu](mailto:smintner@uw.edu)>  
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**Cc:** Jessica Toscano <[jesst393@uw.edu](mailto:jesst393@uw.edu)>; Schante M. Hodges <[shodges3@uw.edu](mailto:shodges3@uw.edu)>; smintner <[smintner@uw.edu](mailto:smintner@uw.edu)>  
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Tuesday, March 10, 2020 3:02 PM

Subject	RE:
From	<a href="#">Jessica Toscano</a>
To	Tess House; cjmead2; cmali; aw656
Cc	Schante M. Hodges; smintner; Rita U Bellanca
Sent	Wednesday, December 11, 2019 10:11 AM

Hi Group,

B Bldg:  
302: Z17317 intro back 311AB  
302: A07104 intro back 312CD

Both animals were returned their respective groups without incident.

Thanks,  
Jessica

**From:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>  
**Sent:** Tuesday, December 10, 2019 3:41 PM  
**To:** cjmead2 <[cjmead2@uw.edu](mailto:cjmead2@uw.edu)>; cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>; aw656 <[aw656@uw.edu](mailto:aw656@uw.edu)>  
**Cc:** Jessica Toscano <[jesst393@uw.edu](mailto:jesst393@uw.edu)>; Schante M. Hodges <[shodges3@uw.edu](mailto:shodges3@uw.edu)>; smintner <[smintner@uw.edu](mailto:smintner@uw.edu)>  
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# Re: RE:

Tuesday, March 10, 2020 3:02 PM

Subject	Re: RE:
From	<a href="#">cmali</a>
To	Jessica Toscano; Tess House; cjmead2; aw656
Cc	Schante M. Hodges; smintner; Rita U Bellanca
Sent	Wednesday, December 11, 2019 10:52 AM

social exemptions have been removed

## Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
Ph: 206.616.0501

<http://sites.uw.edu/d2c>

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**From:** Jessica Toscano <jesst393@uw.edu>

**Sent:** Wednesday, December 11, 2019 10:11 AM

**To:** Tess House <th81@uw.edu>; cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Cc:** Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>; Rita U Bellanca <rbell@uw.edu>

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122: Z16053 and Z16342 cocci titer

Tuesday, March 10, 2020 3:03 PM

Subject	
From	<a href="#">cjmead2</a>
To	Tess House; cmali; aw656
Cc	Jessica Toscano; Schante M. Hodges; smintner; Kelly L. Carbone
Sent	Wednesday, December 11, 2019 1:55 PM

**Thursday December 12th**

104: Z19020, Z19059, Z19069, and Z19052-cage group introduction

162: EI33 cocci titer-**sedate** and GR76 BW

Nursery cage change out

B Bldg:

Male introductions

302: **(fast)** GL14 follow-up chem and recheck extraction sites (318AB)

302: **(fast)** DM05 recheck extraction sites (321AB)

302: **(fast)** EM08 recheck extraction sites (317AB)

**Z14331****Tess House <th81@uw.edu>**

Tue 12/31/2019 2:59 PM

**To:** cjmead2 <cjmead2@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>; Danielle Parks <dp546@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

Hi All-

Danielle noted that Z14331 has some occasional stertor this afternoon. She is otherwise fine-BAR, taking pm treatments well, no respiratory distress or increased effort, no coughing. She is a valley fever case and on albuterol with her fluconazole.

If she continues to sound this way tomorrow, we will fast her Thursday evening for a sedate/hands on exam and radiographs on Friday.

Thanks!

Dr. H

**RE: Z17170****Kathryn A. Guerriero** <kag18@uw.edu>

Tue 10/29/2019 2:37 PM

**To:** cmali <cmali@uw.edu>

I wish we had pictures from necropsy on this animal....

---

**From:** Robert D. Murnane <rmurnane@uw.edu>**Sent:** Tuesday, October 29, 2019 2:32 PM**To:** Tess House <th81@uw.edu>; Kathryn A. Guerriero <kag18@uw.edu>; wanprc\_vets@uw.edu; cmali <cmali@uw.edu>**Subject:** RE: Z17170

For sure a sigh of relief!!

Oh, it also had secondary amyloidosis and IBD...

Case report would work for sure, but what would be better is for someone/anyone to write up the case series to date!! Pretty easy to do and you could focus on just gross and histo of the cases we've had

Cheers

Bob

---

**From:** Tess House <th81@uw.edu>**Sent:** Tuesday, October 29, 2019 2:23 PM**To:** Kathryn A. Guerriero <kag18@uw.edu>; Robert D. Murnane <rmurnane@uw.edu>; wanprc\_vets@uw.edu**Subject:** RE: Z17170

A huge sigh of relief for us that it's VF and not TB-thank you Bob!!!

---

**From:** Wanprc\_vets <wanprc\_vets-bounces@mailman11.u.washington.edu> **On Behalf Of** Kathryn A. Guerriero**Sent:** Tuesday, October 29, 2019 2:19 PM**To:** Robert D. Murnane <rmurnane@uw.edu>; wanprc\_vets@uw.edu**Subject:** Re: [Wanprc\_vets] Z17170

Glad that this was just valley fever (and not TB).

Kate

---

**From:** Wanprc\_vets <wanprc\_vets-bounces@mailman11.u.washington.edu> **On Behalf Of** Robert D. Murnane**Sent:** Tuesday, October 29, 2019 2:14 PM**To:** wanprc\_vets@uw.edu**Subject:** [Wanprc\_vets] Z17170

Hi all (especially ABC vets!)

Disseminated valley fever EVERYWHERE:

Hilar nodes, lungs, rib, bone above eye, sternum, liver, kidneys, lungs, multiple abscesses....

Final report to follow soon.

Cheers

Bob

**RE: 181 TB Exams****cjmead2** <cjmead2@uw.edu>

Mon 9/9/2019 7:26 PM

**To:** Tess House <th81@uw.edu>**Cc:** cmali <cmali@uw.edu>

Whew!

---

**From:** Tess House <th81@uw.edu>**Sent:** Monday, September 9, 2019 3:49 PM**To:** cjmead2 <cjmead2@uw.edu>**Cc:** cmali <cmali@uw.edu>**Subject:** RE: 181 TB Exams

They worked now.

I have all the CBCs and Chems entered. Just waiting on the cocci results. There were a few that we may recheck the CBC in 1-2 months pending the cocci titers.

Thank you!!!!

---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Monday, September 9, 2019 12:25 PM**To:** Tess House <th81@uw.edu>**Cc:** cmali <cmali@uw.edu>**Subject:** RE: 181 TB Exams

Give me a minute and I will try and resend them.

---

**From:** Tess House <th81@uw.edu>**Sent:** Monday, September 9, 2019 10:09 AM**To:** cjmead2 <cjmead2@uw.edu>**Cc:** cmali <cmali@uw.edu>**Subject:** RE: 181 TB Exams

I am not seeing the CBC results, just the chem reports on these. (Don't shoot the messenger)

Can we retry sending them or do we need to do a manual write down and enter?

---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Wednesday, September 4, 2019 6:03 AM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>**Subject:** 181 TB Exams

All CBC/chem downloaded into panel reports

Also, TP blank, here are results for your comments-

F08132- 8.0

Z17268- 6.9

Z18066-6.8

Z18071-6.9

Z18179-6.8

Bloods w/hemolysis

L06156

Z11343  
Z17268  
Z18071  
L10152

**RE:**

**cjmead2** <cjmead2@uw.edu>

Fri 9/6/2019 2:31 PM

**To:** cmali <cmali@uwedu>; Tess House <th81@uwedu>

Her cocci titer is downloaded as well

---

**From:** cjmead2

**Sent:** Friday, September 6, 2019 2:28 PM

**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>

**Subject:**

T10174 cbc/chem downloaded into panel reports- no TP, I did and it's 6.8



## RE: Cocci Results

Tess House <th81@uw.edu>

Fri 8/30/2019 10:10 AM

To: cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>

All titers were negative. Thanks!

---

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Friday, August 30, 2019 9:20 AM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>

**Subject:** Cocci Results

8/26 and 8/27 TB Exams cocci results downloaded into panel reports.

Caroline

**Re: Vet Services folder on the Z drive****cjmead2** <cjmead2@uw.edu>

Sat 8/17/2019 10:28 AM

**To:** Jim Murphy <murphyjm@uw.edu>; cmali <cmali@uw.edu>**Cc:** Tess House <th81@uw.edu>

Zdrive Vet Service

Then cocci submission forms

folder 2019

then will give animals to cross reference for billing, the animals submitted for testing.

Caroline

---

**From:** Jim Murphy <murphyjm@uw.edu>**Sent:** Saturday, August 17, 2019 7:52 AM**To:** cmali <cmali@uw.edu>**Cc:** cjmead2 <cjmead2@uw.edu>; Tess House <th81@uw.edu>**Subject:** Re: Vet Services folder on the Z drive

Does anyone have access to try and see if it's there. I'm sure that's where I was looking.

Get [Outlook for Android](#)

---

**From:** cmali <cmali@uw.edu>**Sent:** Saturday, August 17, 2019 3:54:22 AM**To:** Jim Murphy <murphyjm@uw.edu>**Cc:** cjmead2 <cjmead2@uw.edu>; Tess House <th81@uw.edu>**Subject:** Re: Vet Services folder on the Z drive

It is: z drive- Arizona- vet services

Sent from my iPhone

On Aug 16, 2019, at 3:44 PM, Jim Murphy <[murphyjm@uw.edu](mailto:murphyjm@uw.edu)> wrote:

Can one of you tell me again where the Vet Services folder is on the Z drive? I go in there to look at the Protatek cocci requisition forms. For some reason I don't see the folder.

Jim

Jim Murphy  
Facility Manager, Arizona Breeding Colony  
4202 N. Higley Rd.  
Mesa, AZ 85215  
Office: (206) 221-8211  
Cell: (480) 204-2865  
[murphyjm@uw.edu](mailto:murphyjm@uw.edu)

&lt;image001.jpg&gt;

**Re: BW's and bloodwork**

cmali <cmali@uw.edu>

Fri 8/16/2019 2:12 PM

**To:** Schante M. Hodges <shodges3@uw.edu>; Tess House <th81@uw.edu>

**Cc:** cjmead2 <cjmead2@uw.edu>; Danielle Parks <dp546@uw.edu>

104 weights look good!

L10136: recheck globulins and cocci titer at SAE

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

Senior Veterinarian

Washington National Primate Research Center/University of Washington

Arizona Breeding Colony

PO Box 20836, Mesa, AZ 85277

Ph: 206.616.0501



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---

**From:** Schante M. Hodges <shodges3@uw.edu>

**Sent:** Friday, August 16, 2019 1:53 PM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>

**Cc:** cjmead2 <cjmead2@uw.edu>; Danielle Parks <dp546@uw.edu>

**Subject:** BW's and bloodwork

Hello,

Case body weights in 104 and 142 were done and entered.

The chemistry for L10136 is now showing in panels reports.

Thanks,

Schante and Danielle

**RE: NIRC to AZ shipments****Jesse C. Day** <jessed10@uw.edu>

Wed 8/14/2019 2:19 PM

**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>; cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; Jim Murphy <murphyjm@uw.edu>

Sorry, this got a little buried in the inbox. There is no weight criteria for these, just age. I think we just need to figure out which from this group we should hold back, if there is any preference. I guess I'd target the corncrib guys everything else being equal, since we need to clear these out first.

Jesse Day

Administrator of Program Operations, DPR  
Washington National Primate Research Center  
(206)616-0154  
[jessed10@uw.edu](mailto:jessed10@uw.edu)

*The WaNPRC is supported by grant P51 OD010425 from the NIH Office of Research Infrastructure Programs.  
Please help us continue to support your research by citing our grant number in publications.*

**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>**Sent:** Saturday, August 10, 2019 5:32 PM**To:** Jesse C. Day <jessed10@uw.edu>; cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; Jim Murphy <murphyjm@uw.edu>**Subject:** RE: NIRC to AZ shipments

This actually isn't too surprising, because we brought the male juvies that weren't "retain to breed" to Seattle. Top choice for NIH would be the single cage ones (the ones with the long cage numbers). After that, it depends on timing. 10AC06 and 10AC08 are corn cribs. If the shipment to NIH goes before it gets cold, they can go with it. But if it doesn't, then those animals should go to Arizona to empty the corn cribs, which would mean pulling NIH animals out of the primadomes (10D01 and 10D02).

I don't know if weight is one of your criteria or if it's just age, but notice that the 10D02 animals haven't been weighed for almost a year, and they probably weigh a lot more now than they did last September. If weight is a criterion, there might be some youngsters in 10D01 or 10D02 that aren't on the retain to breed list but are actually big enough now.

Charlotte

**From:** Jesse C. Day <jessed10@uw.edu>**Sent:** Thursday, August 8, 2019 3:07 PM**To:** cmali <cmali@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Tess House <th81@uw.edu>; Jim Murphy <murphyjm@uw.edu>**Subject:** RE: NIRC to AZ shipments

An update on possible sale animals out of NIRC as I'm looking through these groups right now. The following animals are all possibilities for the NIH sale, but out of the 17 I found (including single cage animals not for PrimGen) 14 are in the "NIRC males to retain to breed" group. Assuming I can add the 2 alternates that the PrimGen order won't take, that will still mean I need at least 3 of these guys that are highlighted yellow if we're going to have 2 alternates (8 total to select 6) to screen for shipment.

Animal	Alias	Spc	Sx	Age	Wt	Wt Date	Site	Building	Cg	Housing	Entry	SRV	STLV	CHV	T Cruzi	Cocci	Production Metric	Project
Z14411	A14W063	MN	M	4.63	3.00	4/17/2019	NIRC Colony	10A	10AW11A03	Single animal cage	6/19/2019	(- -)	(- -)	(- -)				Breeding, 75 02
Z16178		MN	M	3.19	2.40	5/13/2019	NIRC Colony	10A	10AW11A04	Single animal cage	7/26/2019	(- -)	(- -)	(- -)				Breeding, 75 03
Z16085		MN	M	3.32	4.60	4/17/2019	NIRC Colony	10A	10AW11A09- A10	Single animal cage	6/19/2019	(- -)	(- -)	(- -)				Breeding, 75 03
Z16024	A16W005	MN	M	3.55	4.70	4/17/2019	NIRC Colony	10A	10AW11C12	Single animal cage	6/19/2019	(- -)	(- -)	(- -)				Breeding, 75 02
Z16134		MN	M	3.24	4.40	12/11/2018	NIRC Colony	10D	10D01	Single animal cage	1/30/2019	(- - D)	(- - D)	(- - D)				Breeding, 75 03
Z16318	A16W051	MN	M	2.88	3.55	9/12/2018	NIRC Colony	10D	10D02	Single animal cage	4/9/2018	(- - D)	(- - D)	(- - D)				Breeding, 75 03
Z16242		MN	M	3.01	3.00	1/16/2019	NIRC Colony	10D	10D02	Single animal cage	2/18/2019	(- - D)	(- - D)	(- - D)				Breeding, 75 03
Z16217		MN	M	3.05	3.55	9/12/2018	NIRC Colony	10D	10D02	Single animal cage	4/9/2018	(- - D)	(- - D)	(- - D)				Breeding, 75 03
Z16206		MN	M	3.11	3.45	9/12/2018	NIRC Colony	10D	10D02	Single animal cage	4/9/2018	(- - D)	(- - D)	(- - D)				Breeding, 75 03
Z16177		MN	M	3.20	3.30	9/12/2018	NIRC Colony	10D	10D02	Single animal cage	9/13/2018	(- - D)	(- - D)	(- - D)				Breeding, 75 03
Z16126		MN	M	3.27	4.15	9/12/2018	NIRC Colony	10D	10D02	Single animal cage	9/13/2018	(- - D)	(- - D)	(- - D)				Breeding, 75 03

Z16056		MN	M	3.38	3.65	9/12/2018	NIRC Colony	10D	10D02	Single animal cage	4/9/2018	(- - D)	(- - D)	(- - D)				Breeding, 75 03
Z15231		MN	M	4.07	4.75	9/12/2018	NIRC Colony	10D	10D02	Single animal cage	9/13/2018	(- - D)	(- - D)	(- - D)				Breeding, 75 03
Z15183		MN	M	4.23	7.20	5/13/2019	NIRC Colony	Corncrib C-pad	10AC06	Group (more than 2)	6/19/2019	(- - _)	(- - _)	(- - _)				Breeding, 75 03
Z15385		MN	M	3.67	3.20	4/3/2019	NIRC Colony	Corncrib C-pad	10AC08	Group (more than 2)	6/19/2019	(- - _)	(- - _)	(- - _)				Breeding, 75 03
Z15367		MN	M	3.73	4.25	5/9/2019	NIRC Colony	Corncrib C-pad	10AC08	Group (more than 2)	6/19/2019	(- - D)	(- - D)	(- - D)				Breeding, 75 03
Z15219		MN	M	4.11	5.50	5/13/2019	NIRC Colony	Corncrib C-pad	10AC08	Group (more than 2)	6/19/2019	(- - _)	(- - _)	(- - _)				Breeding, 75 03

It looks like we shouldn't have a whole lot of issues finding females for this if I'm looking at the juvenile pens that we're holding, but I'll have to add some notes to this when I take a look at animals to hold for the Klatt/NIRC order as well. Any input in terms of preference to hold vs. offer on this group is appreciated.

Thanks,

Jesse Day  
 Administrator of Program Operations, DPR  
 Washington National Primate Research Center  
 (206)616-0154  
[jessed10@uw.edu](mailto:jessed10@uw.edu)

*The WaNPRC is supported by grant P51 OD010425 from the NIH Office of Research Infrastructure Programs.  
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**From:** cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>  
**Sent:** Thursday, August 8, 2019 2:30 PM  
**To:** Charlotte E. Hotchkiss <[chotchk@uw.edu](mailto:chotchk@uw.edu)>; Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; Jim Murphy <[murphyjm@uw.edu](mailto:murphyjm@uw.edu)>  
**Cc:** Jesse C. Day <[jessed10@uw.edu](mailto:jessed10@uw.edu)>  
**Subject:** Re: NIRC to AZ shipments

I've added a new excel sheet to the Teams folder (also attached) with shipment proposals (color coded). If you don't understand my, let me know.

I also flagged animals that will need to be weaned at some point.

I added a few extra animals to the first shipment to get all the animals out of corn cribs.

The last shipment still has about 25 spaces for animals but wasn't sure what/who we needed to add

- Charlotte- please have a look and see if there are any of the remaining animals that you prefer to ship to AZ

We will need to discuss how to house these animals in AZ as some groups are quite small and other are very large

Thanks,  
 CMM

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**  
 Senior Veterinarian  
 Washington National Primate Research Center/University of Washington  
 Arizona Breeding Colony  
 PO Box 20836, Mesa, AZ 85277  
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**From:** Charlotte E. Hotchkiss <[chotchk@uw.edu](mailto:chotchk@uw.edu)>  
**Sent:** Thursday, August 8, 2019 11:54 AM  
**To:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>; Jim Murphy <[murphyjm@uw.edu](mailto:murphyjm@uw.edu)>

**Cc:** Jesse C. Day <[jjessed10@uw.edu](mailto:jjessed10@uw.edu)>

**Subject:** NIRC to AZ shipments

I've edited the spreadsheet in Teams to indicate sale animals and breeder males. Red highlights indicate animals that should not move to Arizona. Orange highlights indicate either that some animals from the group shouldn't move, or maybe animals shouldn't move depending on sales. The only ones I didn't mark are the Klatt ones because it made things too messy.

Green is the first group to move; blue was just me starting on a second group, but feel free to change based on your needs. The goal is to empty the corn cribs, but I think they'll have to move a few juvie males inside.

I will resist the temptation to meddle, and leave it in your capable hands, at least for a couple of weeks.

Thanks,  
Charlotte

Charlotte E. Hotchkiss, DVM, MS, PhD, DACLAM  
Washington National Primate Research Center  
University of Washington  
Box 357330  
Seattle, WA 98195-7330  
Office phone: 206-685-2881  
Cell phone: 206-496-4471  
Pager: 206-540-6615  
[chotchki@uw.edu](mailto:chotchki@uw.edu)  
Work hours 8-5 M-F

**RE:**

**Tess House** <th81@uw.edu>

Thu 8/1/2019 12:23 PM

**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>

Negative! Thank you!

---

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Thursday, August 01, 2019 12:10 PM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>

**Subject:**

**Cocci Panel:**

Z17196- results in cocci panel

Caroline

**RE: Week of July 29th****Tess House** <th81@uw.edu>

Wed 7/24/2019 3:09 PM

**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>Yes, we can do training on the 1<sup>st</sup> when everyone is here.

---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Wednesday, July 24, 2019 3:05 PM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>**Subject:** Re: Week of July 29th

Will add if any intro need to go back and I will add who is working, since next week is switch week.

Also, Thurs August 1st are we meeting with Vet Staff in afternoon to go over training.

---

**From:** cjmead2**Sent:** Wednesday, July 24, 2019 3:00:11 PM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>**Subject:** Week of July 29th**Monday July 29th**

104: move to 152- all BWs

Z18013, Z18117, Z17248, Z18142, Z18121, Z18199, Z17195, Z17175, Z17253, Z18116, Z18135

Kelly add BWs for 152

104: R11037 infant Exam Z19183 (ear tattoo) (fast)

104: Z17135 oral Exam (fast)

242: T10118 BW

upstairs: metal catch box

downstairs:

all white catch boxes

**Tuesday July 30th**

104: Z15079 rads (fast)

104: Z17196 suture removal and cocci titer (fast)

**Wednesday July 31st**

104: Z17053 fecal swab

142: IL26 fecal swab

ATs: 121 BWs



**Thursday August 1st**

142: GT72 suture removal (fast)

104: Z17186 rads (fast)

**Friday July 26th**

104: case BWs

143: case BWs

**Re: L11035 bloodwork**

Tess House <th81@uw.edu>

Mon 7/15/2019 7:36 AM

To: cjmead2 <cjmead2@uw.edu>

Cc: cmali <cmali@uw.edu>

Glad to see she's negative!

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: cjmead2 <cjmead2@uw.edu>

Date: 7/15/19 7:23 AM (GMT-07:00)

To: Tess House <th81@uw.edu>

Cc: cmali <cmali@uw.edu>

Subject: Re: L11035 bloodwork

cocci titer results downloaded into panel reports

---

**From:** Tess House <th81@uw.edu>

**Sent:** Wednesday, July 10, 2019 3:17:59 PM

**To:** cjmead2

**Cc:** cmali

**Subject:** RE: L11035 bloodwork

Good news, thanks for the update!

---

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Wednesday, July 10, 2019 3:17 PM

**To:** Tess House <th81@uw.edu>

**Cc:** cmali <cmali@uw.edu>

**Subject:** Re: L11035 bloodwork

This afternoon she ate all her biscuits, all her extra enrichment and had mounding feces. Very active.

---

**From:** Tess House <th81@uw.edu>

**Sent:** Wednesday, July 10, 2019 1:48:58 PM

**To:** cjmead2

**Cc:** cmali

**Subject:** L11035 bloodwork

I put her down for a follow up CBC/Chem on the 26th when Dr. M is back. She's got a low protein but otherwise it was pretty good. I think addressing the nutritional intake and weaning the infant early should help with this low protein.

**RE: Shipping date to Seattle**

Kelly L. Carbone &lt;kellyc29@uw.edu&gt;

Sun 6/23/2019 7:37 PM

**To:** Tess House <th81@uw.edu>; cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>**Cc:** Jim Murphy <murphyjm@uw.edu>

I think separating them the day before will be best. It is a Wednesday so we will have everyone here to help separate them. Probably the easiest and less stressful would be just running them thru the Jerry ramp to find the ones we need rather than chasing them around the enclosure. Their numbers should be easy to read at that time since they will have their chests shaved from getting their TB test done.

Kelly

**From:** Tess House [mailto:th81@uw.edu]**Sent:** Friday, June 21, 2019 2:50 PM**To:** cjmead2; cmali**Cc:** Jim Murphy; Kelly L. Carbone**Subject:** RE: Shipping date to Seattle

This schedule looks good to me-definitely busy on the 8<sup>th</sup> but we'll get it done!

Kelly-what do you think is better for the 8 not being shipped from 121? Do we have space for them somewhere to pull beforehand or will it be easier to just sort them into B/C day before?

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Friday, June 21, 2019 1:59 PM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>**Cc:** Jim Murphy <murphyjm@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>**Subject:** Re: Shipping date to Seattle

Here are dates and comments I have, let me know your thoughts?

#NHPs	Location	Dates TB/Exams	Comments:
26	AA111	July 8th	maybe 27 (1 from 104), currently 28 in AA111, (two do not ship, I recommend pulling these two out of the mix)
8	AA121	July 8th	currently 20 in this group, I would either pull these 8 or separate day before shipment into B/C
2	AA104	July 9th	maybe 1 (1 should go back to 111)
1	Rm 142	July 9th	
6	Rm 232	July 9th	
1	Rm 143	July 10th	
6	Rm 152	July 10th	
7	Rm 162	July 10th	
57 total			TB Reads Complete 6/13

**From:** Tess House <th81@uw.edu>**Sent:** Thursday, June 20, 2019 12:29 PM**To:** cmali; cjmead2**Cc:** Jim Murphy; Kelly L. Carbone**Subject:** Shipping date to Seattle

Hi Caroline and Dr. M,

The shipment to Seattle has been confirmed for Thursday, July 18th. We'll need to start planning our TB tests/exams. We will not need to do cocci titers or virology (Seattle will do that on receiving) but will need CBC and chem on anyone that hasn't had one in 6 months.

Dr. H

Sent from my Verizon, Samsung Galaxy smartphone

**RE: Cocci Results****Sally Thompson-Iritani** <sti2@uw.edu>

Mon 10/28/2019 6:30 PM

**To:** Tess House <th81@uw.edu>; cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>**Cc:** Charlotte E. Hotchkiss <chotchki@uw.edu>

Sorry to hear this - thank you for taking good care of them.

Sally

---

**From:** Tess House <th81@uw.edu>**Sent:** Monday, October 28, 2019 11:02 AM**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>**Cc:** Charlotte E. Hotchkiss <chotchki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>**Subject:** RE: Cocci Results

We have three new cases from the 10/15 exams: Z16053, Z16203, Z16342. All current cases in this group are either not yet to one year of negative titers or are stable.

I have updated the Valley Fever Teams case list document to include the endpoint (Z17170) from last week and our current nursery case Z19006 as well as the three listed above.

Dr. H

---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Monday, October 28, 2019 6:36 AM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>**Subject:** Cocci Results

TB Exams dates cocci 10/14 and 10/15 downloaded into panel reports.  
Z19006 cocci titer IgM 1:2 and IgG 1: 32

Thanks,  
Caroline

**RE: Testing needed for AZ-Seattle Moves**

Jesse C. Day <jessed10@uw.edu>

Wed 6/12/2019 1:04 PM

**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>; cmali <cmali@uw.edu>

**Cc:** Tess House <th81@uw.edu>; cjmead2 <cjmead2@uw.edu>

Regulation wise I will add that we need a TB test within 30 days and a physical exam within 10 of shipment. I think from what Ben told me we should be set for the week of 7/15, with the specific date TBD.

Thanks,

Jesse Day

Administrator of Program Operations, DPR  
Washington National Primate Research Center  
(206)616-0154  
[jessed10@uw.edu](mailto:jessed10@uw.edu)

*The WaNPRC is supported by grant P51 OD010425 from the NIH Office of Research Infrastructure Programs. Please help us continue to support your research by citing our grant number in publications.*

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**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>

**Sent:** Wednesday, June 12, 2019 1:02 PM

**To:** cmali <cmali@uw.edu>

**Cc:** Tess House <th81@uw.edu>; cjmead2 <cjmead2@uw.edu>; Jesse C. Day <jessed10@uw.edu>

**Subject:** RE: Testing needed for AZ-Seattle Moves

I think we want to do the cocci and virology up here after shipment, in case shipping stress causes reactivation of anything infectious. So you don't need to do those.

When were their last CBC/chems? If they were recent, I don't think we need them, but it would be good to get new ones if it's been more than 6 months.

Thanks,  
Charlotte

---

**From:** cmali <cmali@uw.edu>

**Sent:** Wednesday, June 12, 2019 12:45 PM

**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>

**Cc:** Tess House <th81@uw.edu>; cjmead2 <cjmead2@uw.edu>

**Subject:** Testing needed for AZ-Seattle Moves

Hi Charlotte,

Caroline asked what samples you would like for the animals that we will be shipping to you (other than hair samples).

- Cocci titers?
- CBC/CHM?
- Virology?

Please let us know so we can plan ahead.

Thanks,  
Carolyn

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**

Senior Veterinarian

Washington National Primate Research Center/University of Washington

Arizona Breeding Colony

PO Box 20836, Mesa, AZ 85277

Ph: 206.616.0501



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**Re: Week of May 27th****cjmead2** <cjmead2@uw.edu>

Tue 5/28/2019 1:19 PM

**To:** Tess House <th81@uw.edu>**Cc:** Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>; Danielle Parks <dp546@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>; cmali <cmali@uw.edu>

Comeplete

---

**From:** Tess House <th81@uw.edu>**Sent:** Tuesday, May 28, 2019 12:10:26 PM**To:** cjmead2**Cc:** Schante M. Hodges; smintner; Danielle Parks; Kelly L. Carbone; cmali**Subject:** RE: Week of May 27th

Thanks for the update on the moves. I've added meloxicam to M06139 starting today and going until Saturday. Please give her 0.67 mL when you are back from lunch break.

---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Tuesday, May 28, 2019 11:59 AM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>**Cc:** Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>; Danielle Parks <dp546@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>**Subject:** Fw: Week of May 27th

All returned to group except had to pull M06139, group would not settle, she has a 6cm superficial wound on left proximal area sex skin, she is back in 142, can we start her on NSAIDS, best time to return when group is sedated for ultrasounds, that way its' calmer, since she has been out for a long time.

**Tuesday May 28th**

142: DH46 cbc/chem/fecal (fast)

142: CV61 CBC/chem (fast)

142: S11069- Exam (fast)

104: Z16358 cocci titer (fast)

142: M06139 status for returning to 242- did not work at this time

142: K11143/infant intro back to 242-done

142: ET02/infant return to group 231-done

142: Z14320/infant intro back into 112-done



**Re: M09202**

**cjmead2** <cjmead2@uw.edu>

Sat 5/25/2019 7:22 AM

**To:** Tess House <th81@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>

**Cc:** Danielle Parks <dp546@uw.edu>; cmali <cmali@uw.edu>

Sounds good I will add to my schedule.

---

**From:** Tess House <th81@uw.edu>

**Sent:** Tuesday, May 21, 2019 11:38 AM

**To:** Schante M. Hodges; smintner

**Cc:** Danielle Parks; cjmead2; cmali

**Subject:** FW: M09202

We'll also add Z12034 BW to this day as well. I've increased her nutritional support to BID and she will also start mirtazapine tomorrow.

Thanks!

---

**From:** Tess House

**Sent:** Tuesday, May 21, 2019 11:25 AM

**To:** Schante M. Hodges <shodges3@uw.edu>; Sherri Mintner (smintner@uw.edu) <smintner@uw.edu>

**Cc:** cjmead2 <cjmead2@uw.edu>; Danielle Parks (dp546@uw.edu) <dp546@uw.edu>; cmali <cmali@uw.edu>

**Subject:** M09202

Hi Sherri and Schante-

I've added mirtazapine to M09202's treatments starting tomorrow. We will get another weight on her next week on Tuesday if possible. Let Dr. M and I know if you observe any fecal output on her before then.

**Tuesday May 28th**

142: DH46 cbc/chem/fecal (fast)

104: Z16358 cocci titer (fast)

142: M06139 status for returning to 242??? (Vets will let us know)

142: K11143/infant intro back to 242??? (Vets will let us know)

142: ET02/infant return to group pending BW/Tx??? (Vets will let us know)

142: Z14320/infant intro back into 112

BW for M09202 (241)

Thank you!  
Dr. H

Theresa (Tess) House, DVM MPH

Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

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**FW: Week of May 27th****Tess House** <th81@uw.edu>

Fri 5/24/2019 2:38 PM

**To:** cjmead2 <cjmead2@uw.edu>**Cc:** cmali <cmali@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>

Hi Caroline,

Dr. M and I discussed today pushing the rads back on Z15079 (currently scheduled for May 29<sup>th</sup>) to the following week since we took a second set on her on that Saturday the cast was replaced. The cast is still holding well and there is no swelling of the toes or leg. I've changed the date on the clinical calendar to repeat rads on her around June 5<sup>th</sup> and have extended her pain meds until then as well.

Thanks,  
Dr.H

---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Thursday, May 16, 2019 2:16 PM**To:** Kelly L. Carbone <kellyc29@uw.edu>; Jim Murphy <murphyjm@uw.edu>; Tess House <th81@uw.edu>; cmali <cmali@uw.edu>**Subject:** Week of May 27th

Dr H and Dr M will let us know if any changes

**Monday May 27th**

Holiday

**Tuesday May 28th**

142: DH46 cbc/chem/fecal (fast)

104: Z16358 cocci titer (fast)

142: M06139 status for returning to 242??? (Vets will let us know)

142: K11143/infant intro back to 242??? (Vets will let us know)

142: ET02/infant return to group pending BW/Tx??? (Vets will let us know)

142: Z14320/infant intro back into 112

**Wednesday May 29th**

104: Z15079- rads (fast)

ATs: 111/121 BWs

Nursery cage change out

**Thursday May 30th**

152: Z13319/M10166 BW

downstairs: white catch boxes

**Friday May 31st**

AAALAC Site Visit

104: case BWs

142: case BWs

**FW: M09202****Tess House** <th81@uw.edu>

Tue 5/21/2019 11:39 AM

**To:** Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>**Cc:** Danielle Parks <dp546@uw.edu>; cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>

We'll also add Z12034 BW to this day as well. I've increased her nutritional support to BID and she will also start mirtazapine tomorrow.

Thanks!

---

**From:** Tess House**Sent:** Tuesday, May 21, 2019 11:25 AM**To:** Schante M. Hodges <shodges3@uw.edu>; Sherri Mintner (smintner@uw.edu) <smintner@uw.edu>**Cc:** cjmead2 <cjmead2@uw.edu>; Danielle Parks (dp546@uw.edu) <dp546@uw.edu>; cmali <cmali@uw.edu>**Subject:** M09202

Hi Sherri and Schante-

I've added mirtazapine to M09202's treatments starting tomorrow. We will get another weight on her next week on Tuesday if possible. Let Dr. M and I know if you observe any fecal output on her before then.

**Tuesday May 28th**

142: DH46 cbc/chem/fecal (fast)

104: Z16358 cocci titer (fast)

142: M06139 status for returning to 242??? (Vets will let us know)

142: K11143/infant intro back to 242??? (Vets will let us know)

142: ET02/infant return to group pending BW/Tx??? (Vets will let us know)

142: Z14320/infant intro back into 112

BW for M09202 (241)

Thank you!

Dr. H

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

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**Valley fever cases from 162/142/104****Tess House <th81@uw.edu>**

Tue 5/7/2019 3:23 PM

**To:** Schante M. Hodges <shodges3@uwedu>; smintner <smintner@uwedu>; Danielle Parks <dp546@uwedu>; cmali <cmali@uwedu>**Cc:** cjmead2 <cjmead2@uw.edu>

Hi team-

Z15258 in 162 has had one full year of negative cocci titers so I have closed his valley fever case. All other valley fever cases from 162/142/104 that had cocci titers done on 4/22 or 4/23 are either improving (Z16341, Z16283) or not yet to one full year of negative titers (Z14333).

Sherri and Danielle-please cross off his treatment for tomorrow if you have already printed off the treatment sheets.

Thank you!  
Dr. H

Theresa (Tess) House, DVM MPH  
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## Cocci Results

**cjmead2 <cjmead2@uw.edu>**

Sat 5/4/2019 7:53 AM

**To:** Tess House <th81@uwedu>; cmali <cmali@uwedu>

TB Exams for 4/22 & 4/23 downloaded into panel reports

Thanks,

Caroline

**RE: 4/30 bloodwork****Tess House** <th81@uw.edu>

Tue 4/30/2019 2:20 PM

**To:** Schante M. Hodges <shodges3@uw.edu>**Cc:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>

Thanks Schante. They have both improved from earlier this month. Z14320 has a mild-moderate hyperglobulinemia we will keep an eye on. Her most recent cocci titer was negative. Dr. H

---

**From:** Schante M. Hodges <shodges3@uw.edu>**Sent:** Tuesday, April 30, 2019 2:12 PM**To:** Tess House <th81@uw.edu>**Cc:** cjmead2 <cjmead2@uw.edu>**Subject:** 4/30 bloodwork

Hi Dr House

CBC/Chem's from today are now showing in panels report.

Thanks,

Schante Hodges  
Veterinary Specialist I  
WaNPRC, Arizona Breeding Colony  
4202 N Higley Rd.  
Box 20836  
Mesa, Az 85215  
[Shodges3@uw.edu](mailto:Shodges3@uw.edu)

**RE: Cocci Results****Tess House** <th81@uw.edu>

Thu 4/25/2019 4:33 PM

**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>

For 171:

No new cases. Z14027 had his first negative titer but will stay on treatment. Z14130 had a slight increase in IgG from before (was 1:2, now 1:8; history of parturition 1 month ago) but IgM continues to stay negative.

For 122:

No new cases. Z16005 had a slight increase in IgG titer (was 1:4 now 1:8) but the IgM went down (was 1:2, now negative).

Thanks!

---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Thursday, April 25, 2019 3:16 PM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>**Subject:** Cocci Results

AA122 and AA171 TB Exam dates downloaded into ARMs

**RE:****Tess House** <th81@uw.edu>

Mon 10/28/2019 11:13 AM

**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>**Cc:** Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>

Z16053 is one of the new valley fever cases.

ET63 is on banatrol and fiber bites BID. We'll postpone returning to the group, may need to open a diarrhea case on her Wednesday if she continues to have diarrhea and start her on azith.

The other 2 in 142 are on treatment.

Thanks for the updates!

---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Monday, October 28, 2019 11:03 AM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>**Cc:** Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>**Subject:**

122: out on deck and I saw Z16053 dry coughing

142: ET63 day fluid feces

231: notified by ATs this AM blood inside and outside enclosure, it is not from heavy menses.  
A03194/ET57 abort, some blood around vaginal area that she was cleaning and on hands.

142: Z14331 mounding feces

142: L10095 formed/soft feces

**Re: Z17265****Tess House** <th81@uw.edu>

Wed 4/24/2019 9:08 AM

**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>**Cc:** cmali <cmali@uw.edu>

She is not a valley fever case. We drew blood from her yesterday to run a cocci titer. I should get those results in the next week or two.

We did previous rads of her head and neck to check the sinuses and they appeared normal (good symmetry) from what we could see, however, I also am not a specialist when it comes to rads.

She is BAR today and very active. I was not able to see any nasal discharge because that group is moving around quite a bit in the cage. I did catch a look at her hand and it did not look like it was wet from wiping her face.

**Tess**

---

**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>**Sent:** Wednesday, April 24, 2019 8:56 AM**To:** Tess House**Cc:** cmali**Subject:** RE: Z17265

Yes, this one is a genetic oops. Z02173 (Charlie) is her sire, and also the sire of her dam J10160. We don't want to breed her, but she might work for a study if we get her healthy. Does she have Valley Fever?

On the VD it looks to me like there's something odd to the right of the heart, but rads are not my specialty.

Given the history, I wonder if she has something weird anatomically in her sinuses? But we don't have any way to tell that down there. Up here, Joel has actually been able to get a decent image with a nasal scope, but still not all the way up.

If we do want to go ahead with a TTW (which is probably a good idea), we need to make sure we know what to do with it. Even up here when we did one there was a lot of confusion - the hospital lab didn't want to take it, and we didn't have any good way to spin it down so Audrey could make slides to look at.

We can talk more when I get there.  
Charlotte

---

**From:** Tess House <th81@uw.edu>**Sent:** Tuesday, April 23, 2019 3:33 PM**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>**Cc:** cmali <cmali@uw.edu>**Subject:** Z17265

Hi Charlotte,

Would you be able to run a genetic analysis on this animal? It looks like the sire has left ABC so I cannot tell on the xcel you sent with colony genetics earlier. The sire is Z02173 and the dam is J10160.

I performed a semi-annual exam on Z17265 today and she had clear nasal discharge from her left nostril and increased lung sounds (bilateral, cranial and caudal) but no crackles. Her temp was 102.8. Her

weight has been trending up/she appears to be growing well and she is clinically normal (good activity, no noted coughing). No other abnormalities were on the physical exam. Rads from today are attached. She's slightly rotated on the vd view and I had a better image but unfortunately our machine crashed on us and the image was lost. (Why it had to crash on us for 2 out of 3 sets of rads today is a mystery.)

She has been a previous case of left nasal discharge/nasal regurgitation and it was closed in August. At that time there was clear discharge from the left nostril but no abnormalities were noted on auscultation and there was a mild area of consolidation on the right middle lobe. We have done nasal swabs on her in the past (in April of last year was 2+ Enterococcus, 4+ Klebsiella, 4+ normal nasopharyngeal flora) and I did collect another swab on her today. I cannot palpate or appreciate any structural changes.

I'm not sure if I should go ahead and treat her with the changes I was hearing today or if we should consider doing a TTW on Thursday when you're here (it's been a couple years since I've done one on a dog and I'm nervous to do this on a little 1.9 kg juvenile by myself) or if we should just monitor. Caroline said she is inbred but I don't know the degree to which she's inbred. I also am uncertain what the likelihood is of this being something structural that I can't visualize that she might outgrow.

Any thoughts on this are greatly appreciated. I hate to give you one more thing to do before you travel but also wanted to mention it asap in case we want to sedate her Thursday morning and get another look.

Thanks,  
Tess

Theresa (Tess) House, DVM MPH  
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**Re: Z16287****cmali** <cmali@uw.edu>

Tue 4/23/2019 4:43 PM

**To:** Tess House <th81@uw.edu>

Great news!!! Send him back!!

Sent from my iPhone

On Apr 23, 2019, at 3:45 PM, Tess House &lt;th81@uw.edu&gt; wrote:

Forgot to update you that I did the follow up on this one (pops you auscultated on the 8th) today and it was clear. He was making noises when his mouth that I could hear but then when I gently closed his mouth and auscultated, it was quiet in all lung fields. We did x-rays just to be safe and I think the VD looks much better than before. Mild bronchial on the lat views still. The foreign material in the GI tract appears to have left as well. Let me know your thoughts but I think he is ok to return to his group. His cocci titer from the 8<sup>th</sup> was negative.

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&lt;23042019-085106\_WHOLE BODY.jpg&gt;

&lt;23042019-085247\_WHOLE BODY.jpg&gt;

&lt;23042019-085325\_WHOLE BODY.jpg&gt;

**RE:**

**Tess House** <th81@uw.edu>

Tue 4/23/2019 7:33 AM

**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>

Correction: disregard thrombocytosis on Z16043, we only did the chem on her yesterday.

---

**From:** Tess House

**Sent:** Tuesday, April 23, 2019 7:24 AM

**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>

**Subject:** RE:

M10166-eosinophilia has resolved, still has hyperglobulinemia and seems to have this on almost every draw (going back to 2014)

M06139-neutrophilia has resolved, still has hyperglobulinemia (has had this for several chemistries going back to 2013)

Z16043-thrombocytosis and hyperglycemia which I'm not worried about; hyperglobulinemia is still present but has come down quite a bit (was 5.7, now 4.9).

All three have cocci titers going out. If they are negative, I'd wager the globulin elevations are due to GI causes. The only ones I'd like to recheck are M06139 if the cocci is negative because her globulin went up from 4.8 to 5.3 and in the past the highest value we've had was 5 and M10166 (similar situation; went up to 5.6 and was 5.1 with previous high of 5.3). I'll make a note to add a chem in a month if the cocci are negative.

Thanks!

---

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Monday, April 22, 2019 1:59 PM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>

**Subject:**

Bloodwork from today downloaded into panel reports:

M10166

M06139

Z16043

**RE: cocci results****Tess House** <th81@uw.edu>

Mon 4/22/2019 7:22 AM

**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>

No new cases from the cocci titers from either dates.

The two current valley fever cases from 4/8 exams are either stable (Z17137; no change in titer values compared to last time) or improved (Z17135; negative for the first time, last titer was IgG 1:2 and IgM negative).

Dr. M-I'll leave the sheet for 4/8/19 on your desk with my notes on it for you.

---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Monday, April 22, 2019 7:03 AM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>**Subject:** cocci results

111/121: 4/8 and 4/9 cocci results downloaded into panel reports

**Re: Z19020/Z16358 Radiographs**

cmali <cmali@uw.edu>

Wed 4/17/2019 3:09 PM

To: cjmead2 <cjmead2@uw.edu>

ok, I want to have Dr H look at the xrays with me tomorrow before making a clinical decision, since he's still coughing.

We can do the cocci titer at the next sedation.

**Carolyn Malinowski, MS, DVM, CMAR, CPIA**

Senior Veterinarian

Washington National Primate Research Center/University of Washington

Arizona Breeding Colony

PO Box 20836, Mesa, AZ 85277

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---

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Wednesday, April 17, 2019 2:33 PM

**To:** cmali

**Subject:** Re: Z19020/Z16358 Radiographs

We did Z16358 TB already 1/4/19, probable should recheck its cocci titer since it was high

---

**From:** Danielle Parks <dp546@uw.edu>

**Sent:** Wednesday, April 17, 2019 11:06 AM

**To:** cmali

**Cc:** cjmead2

**Subject:** Z19020/Z16358 Radiographs

Hello,

The radiographs for Z19020 and Z16358 have been uploaded to the Z-Drive and also entered into Panel Reports.

Thanks,  
Danielle Parks

Veterinary Specialist I  
WaNPRC, Arizona Breeding Colony  
4202 N Higley Rd.  
Box 20836  
Mesa, AZ 85215

**Re: cocci results TB Exams****cjmead2** <cjmead2@uw.edu>

Tue 4/16/2019 7:04 AM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>

Thank you

---

**From:** Tess House <th81@uw.edu>**Sent:** Tuesday, April 16, 2019 7:01 AM**To:** cjmead2; cmali**Subject:** RE: cocci results TB Exams

It should be off there now.

---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Tuesday, April 16, 2019 6:36 AM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>**Subject:** Re: cocci results TB Exams

His fluconazole is still on Tx Sheet for today.

---

**From:** Tess House <th81@uw.edu>**Sent:** Monday, April 15, 2019 1:52 PM**To:** cjmead2; cmali**Subject:** RE: cocci results TB Exams

Good news for Z13090-he's now cocci negative for a year. Case closed. I'm curious how his GI tract will do being off of fluconazole now....

All other cocci cases are stable or IgG levels are dropping/titers getting better. No new cases.

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
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Mailing address- P.O. Box 20836/Mesa, AZ 85277

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---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Monday, April 15, 2019 6:44 AM

**To:** Tess House <[th81@uw.edu](mailto:th81@uw.edu)>; cmali <[cmali@uw.edu](mailto:cmali@uw.edu)>

**Subject:** cocci results TB Exams

221 & 112/152/143

## Cocci Cases Closed in 221!

cmali <cmali@uw.edu>

Mon 4/15/2019 1:50 PM

To: cjmead2 <cjmead2@uw.edu>; smintner <smintner@uw.edu>; Danielle Parks <dp546@uw.edu>; Schante M. Hodges <shodges3@uw.edu>

Cc: Tess House <th81@uw.edu>

T00237

R101151

### Carolyn Malinowski, MS, DVM, CMAR, CPIA

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**RE: Cocci results****Tess House** <th81@uw.edu>

Sun 10/20/2019 12:24 PM

**To:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

Z16303, Z16068, and Z16281 are all negative.

A valley fever case was opened today on Z17170 and fluconazole started. There is a 1-1.5 cm soft, fluctuant swelling on the top of the head today.

---

**From:** cjmead2 <cjmead2@uw.edu>**Sent:** Saturday, October 19, 2019 1:29 PM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>**Subject:** Cocci results

We got cocci titer result back on Z17170 IgM- negative and IgG 1:64

I will let Dr Fuller update about, soft lump on head.

Z16303, Z16068 and Z16281 cocci result downloaded into panel reports

Caroline

## New VF Cases

cmali <cmali@uw.edu>

Mon 10/28/2019 11:22 AM

To: cjmead2 <cjmead2@uw.edu>; smintner <smintner@uw.edu>; Schante M. Hodges <shodges3@uw.edu>

Cc: Sally Thompson-Iritani <si2@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Jim Murphy <murphyjm@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>; aw656 <aw656@uw.edu>; Tess House <th81@uw.edu>

Hi Team,

Unfortunately we have new VF cases...

**121:** These cases will start fluconazole tomorrow with titer recheck in 1 month. If unable to treat in group, pull to 104.

- Z17142
- Z17150
- Z17161

### **103:**

- Z19006 (Matty): pneumonia case. Already on fluconazole TX. Recheck titer in 1 month

### **Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

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**RE: Colony Case Updates (now including 104, 142, 302)****aw656 <aw656@uw.edu>**

Thu 3/5/2020 2:35 PM

**To:** cmali <cmali@uw.edu>; smintner <smintner@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; Danielle Wiegel <dp546@uw.edu>; mccaule1 <mccaule1@uw.edu>; Jim Murphy <murphyjm@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>; Carl L. Trivette II <clt222@uw.edu>; Jennifer A. Falbo <jfalbo1@uw.edu>; Erika E. Evans <erikae4@uw.edu>

The rest of the case updates:

104

Z17140- increase Baytril to BID, add in Benadryl

S10185- cleared to return to group Monday

Z17268- cleared to return to group Monday

142

Z14331- respiratory case closed, return to group to continue tx Tuesday

Z12342- VF case closed; cleared to return to group Tuesday

302

Z16008- WL and dehydration; pulled today into hospital; collect fecal sample if loose stools observed, GI support started

Z15049- normal stools today, monitor for 3 days, possible return next week

A07104- bup extended through the weekend

Z18111- weight check tomorrow, may be able to return to group next week

-A

Sent from [Mail](#) for Windows 10**From:** [cmali](#)**Sent:** Thursday, March 5, 2020 1:05 PM**To:** [smintner](#); [Schante M. Hodges](#); [Danielle Wiegel](#); [mccaule1](#); [Jim Murphy](#); [Kelly L. Carbone](#); [Carl L. Trivette II](#); [Jennifer A. Falbo](#); [Erika E. Evans](#)**Cc:** [aw656](#)**Subject:** Colony Case Updates (Excluding 104, 142, 302)**Case Updates:**

- 171: please give NS to the group. There are 5 current WL cases in this group, with only one receiving individual NS

**Cases Closed:**

- Z18066 (111): weight loss case closed
- Z14293 (317AB): dental case closed
- Z19206 (319AB): minor trauma case closed
- Z14197 (320AB): trauma case closed
- Z14385 (320AB): trauma case closed

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

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**RE: Infant fluconazole and Serum fluconazole projects****Tess House** <th81@uw.edu>

Fri 12/27/2019 3:10 PM

**To:** aw656 <aw656@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>**Cc:** cmali <cmali@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>

Hi Amber-

If you and/or Charlotte have any questions for Rose or need any clarification from her, her e-mail address is [rkroeker@comcast.net](mailto:rkroeker@comcast.net). I did let her know this fall that I was leaving the center and that the project would be picked up and carried on.

Tess

---

**From:** aw656 <aw656@uw.edu>**Sent:** Tuesday, December 24, 2019 12:47 PM**To:** Charlotte E. Hotchkiss <chotchki@uw.edu>; Tess House <th81@uw.edu>**Cc:** cmali <cmali@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>**Subject:** RE: Infant fluconazole and Serum fluconazole projects

Hello Charlotte,

Thank you for all the great info! I am currently researching and catching up with everything that has been started with hopes to keep the projects moving forward. I look forward to reviewing the stats and will be reaching out with questions as they arise. I look forward to working with you and thank you again for getting this data analyzed!

-Amber

---

**From:** Charlotte E. Hotchkiss <chotchki@uw.edu>**Sent:** Tuesday, December 24, 2019 11:48 AM**To:** Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>**Cc:** cmali <cmali@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>**Subject:** RE: Infant fluconazole and Serum fluconazole projects

I did try to run statistics on the infant data. Unfortunately, I got different results depending on how I set up the statistical model. Most of it I understand, but there are a few places I got really weird results and I don't know why. I've attached my summary.

Charlotte

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**From:** Tess House <th81@uw.edu>**Sent:** Wednesday, December 18, 2019 2:36 PM**To:** aw656 <aw656@uw.edu>**Cc:** cmali <cmali@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Sally Thompson-Iritani <sti2@uw.edu>**Subject:** Infant fluconazole and Serum fluconazole projects

Hi Amber,

The two VF related projects can be found below:

- 1) Infants exposed to fluconazole during pregnancy (comparison of body weights project that Adam and Rose also contributed a great deal on with respect to initial data organizing)

Z:\Arizona\Vet Services\Miscellaneous\Infant weight and fluconazole exposure

- 2) Serum fluconazole levels in animals on the fluconazole impregnated feed. There was a group of juveniles/young adults in 171 (at the time) on the feed that we looked at first and then later we looked at the 242 group (now the animals in 232) and compared them to other adults on fluconazole tablets. This project included the negotiation by John Hasenau to include Cyndi Holland of Protatek and Nathan Weiderhold from UT San Antonio Fungal Lab on as co-authors. The intention was for Rose and I to work on project 1 first and then tackle this project next.

Z:\Arizona\Vet Services\Miscellaneous\Serum Fluconazole Level Testing

Last contact information for Drs. Holland and Weiderhold are:

Cyndi Holland: [cholland@pharmgate.com](mailto:cholland@pharmgate.com), phone is 480-545-8499, fax 480-545-8409 (note that even though these are Az numbers, she's based in Minneapolis/St. Paul)

Nathan Weiderhold: [wiederholdn@uthscsa.edu](mailto:wiederholdn@uthscsa.edu), phone is 210-567-4086, fax 210-614-4250

I'm leaving John Hasenau's business card on your desk for you this afternoon. Let me know if you think of anything else. I'll try to hunt down the MoU for Drs. Holland and Weiderhold so you have that as well (finance should have it too).

Tess

Theresa (Tess) House, DVM MPH  
Supervisory Veterinarian  
Washington National Primate Research Center  
Arizona Breeding Colony  
Office phone 206.685.1842  
Mailing address- P.O. Box 20836/Mesa, AZ 85277

**RE: Z16342**

Jessica Toscano <jesst393@uw.edu>

Tue 12/3/2019 1:50 PM

To: cjmead2 <cjmead2@uw.edu>

Cc: cmali <cmali@uwedu>; Jim Murphy <murphyjm@uw.edu>; Rita U Bellanca <rbell@uwedu>

Hi Caroline,

Sounds good re: tomorrow morning! I definitely want to be there for the 317C-D intro. I have their hierarchy almost completed – though do not know where the introduce, Z14352 is ranked. I even provisioned their observations this morning and the male was just fine. Again, no noted aggression even with high valued food present.

Hopefully, this information will be helpful for us to know going into this re-introduction! Thanks for all your help with getting me rolling!

Here is the 317C-D hierarchy:

1. Z14212 (alpha female)
2. Z14298
3. Z14358
4. Z14244
5. Z14202\*\*\* opportunistic ("social climber")
6. Z14374

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**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Tuesday, December 03, 2019 1:15 PM

**To:** Jessica Toscano <jesst393@uw.edu>

**Subject:** RE: Z16342

I will be in procedure room tomorrow morning doing Tx, so that works. Then when done in that building I wanted to intro that one in B Bldg 317CD in later morning when I finish Tx. If that works for you.

---

**From:** Jessica Toscano <jesst393@uw.edu>

**Sent:** Tuesday, December 3, 2019 1:12 PM

**To:** cjmead2 <cjmead2@uw.edu>

**Subject:** RE: Z16342

Hey –

Would tomorrow morning work? I have to finish this training module this afternoon. I am way more flexible tomorrow.

---

**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Tuesday, December 03, 2019 1:09 PM

**To:** Jessica Toscano <jesst393@uw.edu>

**Subject:** RE: Z16342

Sorry was upstairs in A Bldg all morning with sedations, I will be downstairs procedure room, later this afternoon.

---

**From:** Jessica Toscano <jesst393@uw.edu>

**Sent:** Tuesday, December 3, 2019 9:55 AM

**To:** cjmead2 <cjmead2@uw.edu>

**Subject:** RE: Z16342

Hi!

I'm here whenever you have a sec – no rush. I will probably go observe 317C-D again for a bit this morning.

Thanks,  
Jessica

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**From:** cjmead2 <cjmead2@uw.edu>  
**Sent:** Monday, December 02, 2019 3:46 PM  
**To:** Jessica Toscano <jesst393@uw.edu>; cmali <cmali@uw.edu>  
**Subject:** RE: Z16342

I will be upstairs in the colony when you return, I should be able to break away, to show you.

Thanks,  
Caroline

---

**From:** Jessica Toscano <jesst393@uw.edu>  
**Sent:** Monday, December 2, 2019 3:08 PM  
**To:** cmali <cmali@uw.edu>; cjmead2 <cjmead2@uw.edu>  
**Subject:** RE: Z16342

Hi,

I will plan to start working with her tomorrow after I return from Cultural Training.

Caroline – do you mind showing me where the PRT clickers/targets are sometime tomorrow?

Thank you!  
Jess

---

**From:** cmali <cmali@uw.edu>  
**Sent:** Wednesday, November 27, 2019 1:44 PM  
**To:** Jessica Toscano <jesst393@uw.edu>  
**Cc:** cjmead2 <cjmead2@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>; Rita U Bellanca <rbell@uw.edu>; Jim Murphy <murphyjm@uw.edu>; Rita U Bellanca <rbell@uw.edu>  
**Subject:** Z16342

Hi Jessica,

Would it be possible for you to do some training with Z16342 in 104? We'd like her to be trained to come to the front of the cage to receive medications (fluconazole for VF) and we have yet to be successful with this. She's quite skittish and hangs out at the back/top of the cage.

I'm happy to discuss further if you need more information.

Please let me know if this will be possible.

Thanks,  
Dr M

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

Supervisory Veterinarian  
Washington National Primate Research Center/University of Washington  
Arizona Breeding Colony  
PO Box 20836, Mesa, AZ 85277  
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## Re: 142 Case Updates

cmali <cmali@uw.edu>

Mon 11/4/2019 10:25 AM

To: cjmead2 <cjmead2@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>

sounds like a plan for keeping L10095 in 142 until she goes to the breeder group.

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

Supervisory Veterinarian

Washington National Primate Research Center/University of Washington

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**From:** cjmead2 <cjmead2@uw.edu>

**Sent:** Monday, November 4, 2019 6:08 AM

**To:** cmali <cmali@uw.edu>; Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** FW: 142 Case Updates

I can add Z14340 and ET63 to Intro Wednesday since Vet Techs should have time

L10095- I need to watch that group, due to altercations, she will be moving to new breeder group 11/14 if we want to keep her in 142 for now

---

**From:** cmali <cmali@uw.edu>

**Sent:** Friday, November 1, 2019 2:58 PM

**To:** cjmead2 <cjmead2@uw.edu>; smintner <smintner@uw.edu>; Schante M. Hodges <shodges3@uw.edu>; Danielle Parks <dp546@uw.edu>; Jim Murphy <murphyjm@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>; Carl L. Trivette II <clt222@uw.edu>; Jennifer A. Falbo <jfalbo1@uw.edu>; Erika E. Evans <erikae4@uw.edu>

**Cc:** Tess House <th81@uw.edu>; aw656 <aw656@uw.edu>

**Subject:** 142 Case Updates

### **Weekend Watch:**

- L01151/DJ72 (142): Audible wheeze present on inhalation. Please observe for respiratory abnormalities/difficulties/wheezing.

### **New TX/Cases:**

- L01151/DJ71 (142): NEW VF CASE. ADD Albuterol 10ml PO BID and Fluconazole (100mg PO SID) starting FRIDAY. If there is any difficulty giving albuterol, please let the on-call vet know and we will switch to the more concentrated form
- T10118 (142): ADD Azith starting Saturday. New diarrhea repeat case opened (social partner has fluid feces)

**ADD to Schedule:**

- M09202 (142): 11/7 sedated PE/BCS check

**Cleared to return to group:**

- Z14340
- L03310
- L10095, after 11/6 (when TX complete, let vets know when returning so we can schedule weight monitoring)

**Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

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**RE: Case BWs**

Tess House <th81@uw.edu>

Fri 11/1/2019 2:32 PM

**To:** Danielle Parks <dp546@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Cc:** cjmead2 <cjmead2@uw.edu>

Thanks Danielle. Weights in 104 are good!

112 girls: weight loss case closed on M11094, will get 3 week recheck weights on the other two girls

221 girls: R10113 weight loss case closed (VF case still on her) and the weight is also up on CV61-no follow up weights on these two.

---

**From:** Danielle Parks <dp546@uw.edu>

**Sent:** Friday, November 1, 2019 2:07 PM

**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>

**Cc:** cjmead2 <cjmead2@uw.edu>

**Subject:** Case BWs

Hello,

The case body weights are done and entered for AA104/AA142

Body weights have also been taken and entered for:

- Z13082 (AA112)
- Z14257 (AA112)
- M11094 (AA112)
- R10113(AA221)
- T00237 (AA221)

Thanks,

Danielle Parks  
Veterinary Specialist I  
WaNPRC, Arizona Breeding Colony  
4202 N Higley Rd.  
Box 20836  
Mesa, AZ 85215

**RE: New VF cases****Tess House** <th81@uw.edu>

Mon 10/28/2019 2:12 PM

**To:** smintner <smintner@uw.edu>**Cc:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>; Schante M. Hodges <shodges3@uw.edu>

Thanks for the update. Keep us posted on how Z16203 does. If we need to, we will pull her. Dr. H

---

**From:** smintner <smintner@uw.edu>**Sent:** Monday, October 28, 2019 2:10 PM**To:** Tess House <th81@uw.edu>; Schante M. Hodges <shodges3@uw.edu>**Cc:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>**Subject:** Re: New VF cases

I was able to treat these animals. Z16203 was a little tricky. I will try to get them outside tomorrow and see how that goes.

Thanks,  
Sherri

---

**From:** Tess House <th81@uw.edu>**Sent:** Monday, October 28, 2019 11:03 AM**To:** Schante M. Hodges <shodges3@uw.edu>; smintner <smintner@uw.edu>**Cc:** cjmead2 <cjmead2@uw.edu>; cmali <cmali@uw.edu>; aw656 <aw656@uw.edu>**Subject:** New VF cases

Hi Sherri and Schante,

We have three new 122 animals that need fluconazole. They will each receive 50 mg PO SID effective today.

Please give a dose to:

- Z16053
- Z16203
- Z16342

If any of the above are too difficult to treat in group, we will need to pull them to 104 for them to learn to come up for treatments.

Thank you,  
Dr. H

## New VF Cases

cmali <cmali@uw.edu>

Mon 10/28/2019 11:22 AM

To: cjmead2 <cjmead2@uw.edu>; smintner <smintner@uw.edu>; Schante M. Hodges <shodges3@uw.edu>

Cc: Sally Thompson-Iritani <si2@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Jim Murphy <murphyjm@uw.edu>; Kelly L. Carbone <kellyc29@uw.edu>; aw656 <aw656@uw.edu>; Tess House <th81@uw.edu>

Hi Team,

Unfortunately we have new VF cases...

**121:** These cases will start fluconazole tomorrow with titer recheck in 1 month. If unable to treat in group, pull to 104.

- Z17142
- Z17150
- Z17161

### **103:**

- Z19006 (Matty): pneumonia case. Already on fluconazole TX. Recheck titer in 1 month

### **Carolyn Malinowski, MS, DVM, CMAR, CPIA, DACLAM**

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**RE: VF positives****cjmead2** <cjmead2@uw.edu>

Fri 10/4/2019 4:07 PM

**To:** Tess House <th81@uw.edu>**Cc:** cmali <cmali@uw.edu>

Yes, it is. I mentioned that before. Also, dams with chronic diarrhea their infants seem to get VF. 358 in 104 dam is VF

My mom had valley fever, I have been immune compromised as a kid growing up with problems, then I got valley fever, lucky me.

---

**From:** Tess House <th81@uw.edu>**Sent:** Friday, October 4, 2019 11:22 AM**To:** cjmead2 <cjmead2@uw.edu>**Cc:** cmali <cmali@uw.edu>**Subject:** VF positives

Hi Caroline-

I did some investigating in workflow and here were the three that were negative, shipped to Seattle, then VF positive:

- Z17094 IgG 1:64, IgM 1:4
- Z16287 (this is the one with the bone lesion) 1:64, 1:16
- Z17049 1:128, 1:4

One thing that I thought was interesting and mentioned to Charlotte is that all three had VF dams (either past VF cases or current). This makes me wonder if the immune system was stressed and suppressed their ability to clear infection but that there also could be a genetic component to susceptibility.

I'll add a note in the VF Teams page with this info and include the dam number as well.

Thanks,  
Dr. H

**RE: Sally mentioned WaNPRC DPR Oversight****Tess House** <th81@uw.edu>

Thu 7/25/2019 10:11 AM

**To:** Jim Murphy <murphyjm@uw.edu>; cmali <cmali@uw.edu>

I've made my edits, added the VF numbers, included the training this week, and mentioned Sherri traveling to Seattle. Thanks!

**From:** Jim Murphy <murphyjm@uw.edu>**Sent:** Wednesday, July 24, 2019 2:57 PM**To:** Tess House <th81@uw.edu>; cmali <cmali@uw.edu>**Subject:** FW: Sally mentioned WaNPRC DPR Oversight

I started the AZ section on the report and put it in the folder mentioned here. There may be some sections you would like to add or change. Sorry, I messed up the editing a little!

Jim

**From:** Sally Thompson-Iritani in Teams**Sent:** Monday, July 22, 2019 6:17 PM**To:** Jim Murphy <murphyjm@uw.edu>**Subject:** Sally mentioned WaNPRC DPR Oversight**Hi, Jim**

Your teammates are trying to reach you in [Microsoft Teams](#).



**Sally mentioned WaNPRC DPR Oversight in WaNPRC DPR Oversight > NSAB Report**

WaNPRC DPR Oversight: please note that Robin has put a folder under files named NSAB Tele 2019 - please put...

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